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Review of the Refreshed Strategy for Volunteering in the NHS in Scotland

**Conducted by the Scottish Health Council
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The Scottish Government

Contents

1. Executive Summary

Scope of the Review

At the request of the Scottish Government and on behalf of the National Action Group on Volunteering, the Scottish Health Council was asked to conduct a review to capture the progress that has been made in volunteering in the NHS in Scotland since 2008.

The Review sought a general overview of the progress made with the Refreshed Strategy for Volunteering in the NHS in Scotland and to identify the key challenges that lie ahead for NHS Boards over the next two years. They key areas of the strategy that the Review sought to report on are summarised below:

- How well NHS Boards have progressed with the objectives:
  - To enhance the quantity and diversity of volunteers in the NHS in Scotland and to maximise the effectiveness of contributions to health delivery
  - To ensure that volunteers have a consistently positive experience, whenever and wherever they volunteer in NHS Scotland; and
  - To provide a framework for quality standards in volunteer development in NHS Scotland and the creation of a platform for better recognition of the importance of volunteering in NHSScotland
- Significant improvements in volunteering at the local level
- Challenges the strategy has presented at the local level
- Board plans for progressing volunteering locally in the next 2-3 years
- The role and outputs from the National Volunteer Action Group

Methodology

The data collection was undertaken by local Scottish Health Council staff who surveyed key staff (Volunteer Service Managers, designated volunteering leads and staff with experience of working with volunteers) in all but one of the 22 NHS Boards in Scotland. The data collection instrument was a questionnaire which contained a mix of closed (multiple choice and rating scales) and open-ended questions. The quantitative data were analysed to find frequencies of answers. The qualitative data were analysed using a 'framework' to identify common themes.

Findings

- All 14 of the Territorial Boards participated in the survey. Seven of the eight Special Boards participated. This represents a 95% participation rate.

- Over 3/4 of respondents (16 out of 21) agree that the strategy has increased awareness of volunteering by front line staff. There is a slight difference in opinion between NHS Board types with proportionately more Special Boards reporting that the strategy had not increased awareness.

- Around 2/3 of respondents (13 out of 20) report that the strategy has increased acceptance of volunteering by front line staff. There is a slight difference in response between NHS Board types with proportionately more Territorial Boards reporting that the strategy had not increased acceptance.

- There is a commonly held view across NHS Boards that the strategy has a higher profile with senior managers than with front line staff, and that the process of going for the Investing in Volunteers award had the greater impact on increasing awareness and acceptance of volunteering by front line staff. There are pockets of non-acceptance of volunteering and the main reason appears to be concern among some staff that volunteering equates to job substitution.

- The majority of NHS Boards (14 out of 20) report an increase in the number of volunteers. Proportionately more Special Boards report no increase in volunteer numbers. Some of these Special Boards commented that they always have a full quota of volunteers, that the number of volunteer roles available is small, and that they have a focus on quality of role rather as well as on numbers of volunteers.

- The majority of NHS Boards (13 out of 20) report an increase in the diversity of their volunteers. Proportionately more Special Boards report that the strategy has not increased diversity.

- Some respondents commented that, due to a lack of historical data with which to compare current figures, they are not in a position to quote actual numbers for the perceived increase in number and diversity of volunteers.

- Seventeen out of 20 respondents feel that their NHS Board has improved the effectiveness of volunteers' contributions to health service delivery. There is no difference in response between Board types. Most respondents cite the increase in the number of volunteers and the range of volunteer roles available as indicators of increased effectiveness, whilst a few mention undertaking volunteering impact assessments to gauge effectiveness.

- The most frequently cited area in which respondents believe they can demonstrate the most significant improvement in volunteering over the last three years is volunteer management policy and practice, and better consistency in its application. Investing in Volunteers has played a critical role in driving up standards in volunteer management practice.

- Over the past three years the strategy has presented a number of challenges for NHS Boards. The most frequently cited challenge is capacity to deliver good volunteer management practice, and linked to this, resources to support volunteering. Other challenges include consistency in volunteer management practice within and across Boards; staff buy-in, particularly linked to concerns about job substitution; and an overlap between volunteering and Patient Focus and Public Involvement work. It appears from the results of a subsequent question about the key challenges facing Boards in the next two years that the aforementioned challenges are expected to persist and that the economic climate may exacerbate the issues. There are also concerns about the potential impact of economic volunteers on the capacity to deliver good volunteer management practice, and the forthcoming price increase of disclosures through the Protecting Vulnerable Groups scheme which starts in February 2011.

- The target set in the strategy of all NHS Boards achieving the Investing in Volunteers award by March 2011 is likely to be met. At the time of the review the majority of Boards, 12 of the 14 Territorial Boards and four of the seven respondent Special Boards, have achieved the Investing in Volunteers award. The remaining Boards report that they will have achieved it by March 2011. All respondents reported having structures and groups in place to promote and steer

development of volunteering, to monitor progress, and to report to strategic management groups.

- More than half (12/21) of respondents report that the outputs of the National Action Group had been helpful. The bulk, (10), of these are Territorial Boards. The four guidance documents were highlighted by respondents as being of particular use in helping to improve consistency in volunteer management practice within and across NHS Boards. The general view among Boards is that it is helpful to have a national group that sets direction and priorities and has links to the Scottish Government. Respondents are of the view that the group has helped to raise awareness of the strategy and volunteering. There is an indication in the data that the role and remit of the group could have been clearer and that the membership could have been more NHS specific. Respondents would like the group's role to be redefined, for its membership to reflect its role, and to include more operational level staff, i.e. Volunteer Service Managers and staff with responsibility for volunteering, staff working directly with volunteers, and Patient Focus Public Involvement staff, plus volunteers and lay members.

- Respondents are of the opinion that in the future the National Action Group could provide leadership to ensure a long term vision and support for volunteering and, through the production of national guidance, standards, and training packages for volunteer managers, help to ensure a consistent approach to volunteering across the NHS in Scotland. Respondents would also like to see the group acting as a facilitator for the sharing of best practice, and to help NHS Boards to demonstrate outcomes of volunteering.

- Based on their experience over the past three years respondents report that their NHS Board has made strides towards meeting the strategy. Boards were asked to score their progress towards meeting the strategy. Analysis of the data found the average (mean) score out of 10 given by Boards to be **7.3,** with scores ranging from **5** to **10**. The average score given by **Special Boards** was **7.6** with scores ranging from **7** to **8**. The average score given by **Territorial Boards** was found to be **7.1** with scores ranging from **5** to **10**. This illustrates widely differing self-assessment by Territorial Boards and a much wider range of scores compared to the Special Boards. Lower scores appear to be attributable to the respondents feeling that a good start had been made but that there is still more to be achieved. Higher scores are mainly attributable to the achievement of Investing in Volunteers.

- Few NHS Boards felt able to comment on how well NHSScotland in general had met the strategy. Of the 11 that did, the average score awarded was **6.27**, with scores ranging from **5** to **8**. The mean score given by **Special Boards** was **6.2**. with scores ranging from **5 to 8. Territorial Boards** gave a mean score of **6.3** with the range of scores being **5** to **8 -** so very consistent scoring of NHS Scotland by Board types. Low scoring appears to be connected to a perception that some Boards have yet to achieve Investing in Volunteers, and that there is still more to be done to embed volunteering. High scores are attributable to the achievement of Investing in Volunteers status.

- Half of respondents agree with the model of support proposed for the next two years. However, there are concerns about the capacity of one individual to cover all NHS Boards and to accommodate the diverse nature of the Boards. No common theme about alternative support models emerged from the data

analysis. Ideas put forward are: investing resources locally; and making more use of the existing volunteering infrastructure in Scotland.

Finally, the review has found that the strategy and its implementation have done a great deal to encourage and support the development of volunteering within the NHS in Scotland.

Awareness and acceptance of volunteering has increased at both the senior management and front line staff levels, although it appears that the impact of the strategy itself has been greatest on raising awareness and acceptance by senior managers. Investing in Volunteers has been the impetus behind an increased awareness and acceptance of volunteering by front line staff, and had a major role to play in driving up standards of volunteer management practice. There are areas within NHS Boards where staff are not accepting of volunteers and the main issue appears to be concerns among some staff that volunteering equates to job substitution. The current economic climate and cuts to public sector budgets appear to be exacerbating staff fears of being replaced by volunteers.

The work of the past three years has provided a foundation for volunteering on which Boards can build. Challenges to be undertaken include: continuing to raise awareness and acceptance of volunteering at the national and local level; delivering consistency in volunteer management good practice in a tough economic climate; finding a way(s) to increase the efficiency of work in support of volunteering and public/patient involvement. There appears to be an appetite within NHSScotland to develop volunteering not just by increasing the number of volunteers involved but also by creating good quality volunteer placements which add value to health service delivery in Scotland.

2.   Introduction and Background

In February 2008 the Scottish Government's Healthcare Policy and Strategy Directorate's Patients and Quality Division issued all NHS Board Chief Executives in Scotland with CEL 10 (2008). The letter and accompanying annex set out a three year strategy and action plan (2008 -2011) for refreshing volunteering within the NHS in Scotland. The document charged Chief Executives with the implementation of the Refreshed Strategy for Volunteering within their NHS board. Funding for a three year strategic partnership with Volunteer Development Scotland (VDS) was provided by the Scottish Government, the main objective being the provision of support and assistance to NHS Boards to help them achieve the following:

- to enhance the quantity and diversity of volunteers in the NHS in Scotland and to maximise the effectiveness of contributions to health delivery;
- to ensure that volunteers have a consistently positive experience, whenever and wherever they volunteer in NHS Scotland; and
- to provide a framework for quality standards in volunteer development in NHSScotland and the creation of a platform for better recognition of the importance of volunteering in NHSScotland.

3.   Scope of the Review

At the request of the Scottish Government and on behalf of the National Action Group on Volunteering, the Scottish Health Council was asked to conduct a review to

capture the progress that has been made in volunteering in the NHS in Scotland since 2008.

The Review sought a general overview of the progress made with the Refreshed Strategy for Volunteering in the NHS in Scotland and to identify the key challenges that lie ahead for NHS Boards over the next two years. They key areas of the strategy that the Review sought to report on is summarised below:

- how well NHS Boards have progressed with the objectives described above;
- significant improvements in volunteering at the local level;
- challenges the strategy has presented at the local level;
- NHS Board plans for progressing volunteering locally in the next 2-3 years; and
- the role and outputs from the National Volunteer Action Group.

This document entitled 'Review of the Refreshed Strategy for Volunteering in NHS Scotland' reports on the findings of the Review.

For ease of reading the Refreshed Strategy for Volunteering in NHS Scotland is referred to from now on in this report as the strategy.

4. Methodology

Scottish Health Council local staff undertook the data collection. They met with a mix of Volunteer Service Managers, designated volunteering leads and staff with experience of working with volunteers the key staff in every NHS board (with one exception). Using a short questionnaire (see Appendix 1) they captured views about progress with the strategy. The questionnaire contained a mix of closed (multiple choice, rating scales) and open-ended questions. Data collection took place during December 2010 and January 2011.

Responses were recorded by the interviewers in a variety of ways – as written narratives, as summaries, and as bullet points. Local office staff entered the data into the online service 'Survey Monkey'. The data were downloaded into 'Excel'. The analysis, interpretation and reporting on the data were carried out by an independent researcher, Laura M Baird. The quantitative data were analysed to find frequencies of answers. The qualitative data were analysed using a 'framework' to identify common themes.

A group of Volunteer Service Managers met separately from their NHS Boards to discuss the questionnaire. Their feedback was not entered into the Survey Monkey. However, where it augments the findings their views have been incorporated into this report.

5. Results

The results of the survey are presented below. Each question is reported on separately and by NHS Board type, i.e. Territorial Board and Special Board. Due to the small numbers of cases the quantitative results are reported as actual numbers and where it aids interpretation of the data as percentages.

Question 1 NHS Board Name and Question 2 Special Board or Territorial

In Scotland there are 22 NHS Boards of which 14 are Territorial Boards and eight are Special Boards. Twenty one of the 22 NHS Boards participated in the Review. This represents 95% participation by NHS Boards.

All 14 Territorial Boards participated in the Review. This represents 100% participation by these boards.

Seven of the eight Special Boards participated in the Review. This represents 87% participation by this type of Board.

Question 3
Do you believe that the strategy has increased awareness and acceptance of volunteering by front line staff? Why do you say this?

Let us look at the results for each of these elements in turn. Chart 1 below illustrates that just over three quarters (16 out of 21) of respondents believe that the strategy has increased <u>awareness</u> of volunteering by front line staff.
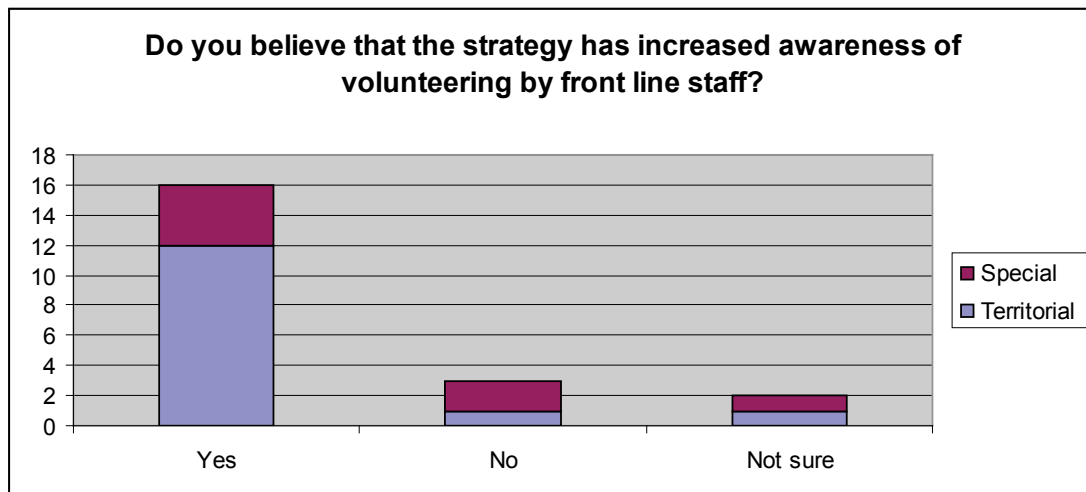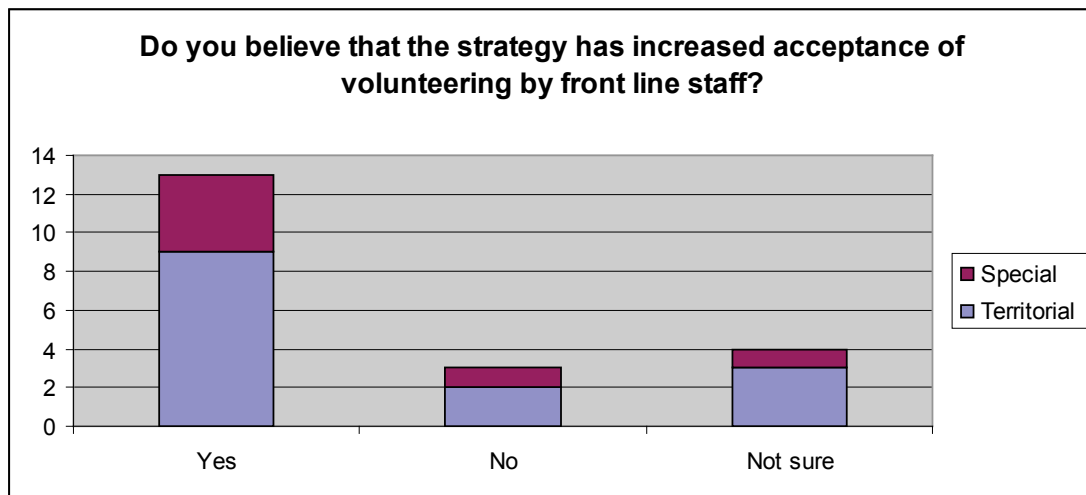
Chart 1

Chart 2 below shows that two–thirds (13 out of 20) of respondents believe that the strategy has increased <u>acceptance</u> of volunteering by front line staff.

Chart 2

A number of themes emerged from the qualitative data analysis of the responses to the accompanying open ended question 'Why do you say this?' Themes common to Special and Territorial Boards are: the leadership role of managers; internal communication; the role of Investing in Volunteers; similarity with Patient Focus and Public Involvement policies; a move towards greater acceptance of volunteering albeit with a perception among some staff that volunteering may equate to job substitution.

Let us now look at the themes by NHS Board type.

<u>Special Boards</u>

Respondents cite the leadership role of managers, the impact of Investing in Volunteers, and the ways in which the strategy and its implementation were communicated to staff as the main reasons for the increase in awareness and acceptance of volunteering. The Special Boards are of the view that the strategy has provided a structure that has made it easier to recruit and manage volunteers. This view is supported by comments which suggest that respondents have observed an increase in the number of volunteers involved and an increase in the range of volunteer roles available.

Leadership

Senior management took a 'top down' approach to the implementation of the strategy. It was cascaded down the management line and built into other strategies, agendas and action plans.

"Volunteering is part of our strategy and is therefore being taken forward as part of a wider agenda. Volunteering is promoted via management team briefing and partnership meetings."

According to the Special Boards the strategy has increased awareness of volunteering at the strategic level more than it has with front line staff. The following two quotes illustrate this view.

"At Board level it has increased – there is now an executive lead and it is on the Board's agenda."

"Yes the strategy has increased awareness for senior managers but not for front line staff as they are aware of volunteering but not the strategy."

Awareness of the strategy may become less as it filters down the line. Although the strategy may have a lower profile with front line staff this does not mean that they are unaffected by it. This argument is illustrated in the next theme.

Role of Investors in Volunteers Quality Standard

In general the view of Special Boards is that the process of working towards the achievement of the Investing in Volunteers award has had a much greater impact on raising awareness of volunteering among front line staff than the strategy itself.

"The process of achieving Investing in Volunteers accreditation had the biggest impact on increasing awareness of volunteers and the profile of volunteers in our work, rather than the strategy per se."

An indication of the impact of Investing in Volunteers on volunteer recruitment can be found in the following quote.

"Following the Investing in Volunteers process [NHS Board name] *have seen a slight increase in the number of volunteers which has been contributed to by staff's ability to identify new types of volunteering opportunities."*

Internal communication

From the responses it is clear that Boards made use of internal communication structures and systems to raise awareness of the strategy and its implementation.

"It was made available to staff on the intranet. An article was placed in the staff bulletin and in [the NHS Board's] *quarterly newsletter."*

Moving towards greater acceptance of volunteering

Respondents are of the view that continuing to promote volunteering will further increase acceptance.

"There is hope that the number of new volunteers will be further increased by continued awareness raising of what volunteers have to offer."

One respondent expressed a view that there is a need to educate staff and the public that volunteers augment services by complementing the role of paid staff. Once staff and public are clear that volunteering is not job substitution he/she believes that acceptance will increase further.

"As the number of volunteers increase there is a need to educate staff, volunteers and communities that [volunteer role] *are there to augment the service, not replace an existing service."*

Public involvement policies

One of the 'no' respondents to the question is of the opinion that the strategy had little impact on front line staff. According to this respondent the reason is that his/her Board has been working on volunteering for several years and it was already implementing public involvement polices.

"The Board was already setting up health involvement structures such as the Public Partnership Forum etc and therefore the strategy has little impact on front line staff."

Territorial Boards

Respondents cite the leadership role of managers, the impact of Investing in Volunteers, and the ways in which the strategy, its implementation, and volunteer management documentation were communicated and made available to staff as the main reasons for the increase in awareness and acceptance of volunteering.

Leadership

According to the majority of respondents the strategy has helped to raise awareness and acceptance of volunteering within their NHS Board. A common view among respondents is that senior management 'buy in' has been a critical factor in the implementation of the strategy. The strategy has been built into Board agendas and cascaded down the management line for implementation.

"Having it on the Board agenda is important and has showed the commitment from [the NHS Board] to the volunteering strategy."

"It encouraged a Directorate to implement volunteering within the organisation's business plan and encourage staff to include working with volunteers in their personal objectives."

Among the responses there is a view that the profile of the strategy is higher with senior managers than it is with front line staff.

"Some awareness among those at slightly higher management level."

And that the way in which the strategy was implemented has had a greater impact on raising awareness and acceptance by front line staff rather than the strategy itself.

"Increased awareness and acceptance of the strategy has come from how it was implemented and delivered as opposed to the content of the strategy itself."

Role of Investing in Volunteers

The case for the implementation of the strategy having a greater impact on awareness and acceptance of volunteering by front line staff is supported by the commonly held view that the process of achieving Investing in Volunteers has increased awareness and acceptance of volunteering among front line staff more than the strategy per se.

"Investing in Volunteers also raised awareness more than the strategy itself."

"Investing in Volunteers definitely helped to embed an increased awareness and acceptance of volunteering in ground level staff."

Internal communication

From the responses it is clear that NHS Boards made use of internal communication structures systems to raise awareness of the strategy and its implementation and to provide access to volunteer management documentation.

"Due to the work needed to meet the strategy it was required to consult on the new plan with staff using a variety of methods such as Team Brief, global emails and the intranet."

"We now have staff handbook, volunteer handbook, which are all on the local intranet."

Moving towards greater acceptance of volunteering

Although the majority of respondents answered 'yes' to Q3, many are of the view that the work of the last three years to implement the strategy has provided a foundation for volunteering on which their NHS Board can build. There are pockets where volunteering has yet to be accepted. The main explanation for this cited by respondents appears to be that staff are fearful and suspicious that volunteering will displace paid jobs and that volunteers may have more to offer than staff.

"Is the role complementing or replacing? This can sometimes feel threatening for staff as feel they are being replaced or have more experience/knowledge than staff."

There is a view that the presence of volunteers and staff having experience of working with volunteers can do a great deal to overcome such concerns.

"There is however some concern from staff about the role of volunteers and a fear that volunteers may be taken on to undertake tasks previously done by staff - this perception may be more prevalent in areas where there are at present no volunteers."

There is evidence in the data of one NHS Board which has undertaken work to quell such fears, and that following good volunteer management practice can help.

"Work has been undertaken to break down barriers and reassure them that their roles are not under any threat from the inclusion of volunteers e.g. role descriptors for volunteers help clarify boundaries and roles."

Public involvement policies

There is a view among some Territorial Boards that public involvement policies have helped to increase awareness of volunteering among front line staff, perhaps more so than via the strategy.

"More front line staff are aware of volunteering, through public involvement."

Linking in with the previous section on moving towards greater acceptance, there is a view that Patient Focus and Public Involvement volunteers are accepted as equals by staff but that volunteers involved in service delivery are taking on the work of paid staff.

"Patient Focus and Public Involvement volunteers on groups and committees are accepted as equal partners but there is suspicion that some direct and managed volunteers are taking on work that should be done by paid staff."

Question 4

To the best of your knowledge, has the quantity and diversity of volunteers in your Board increased? To what extent, (rough proportion)?

Let us look at the results for each of these elements in turn.

Quantity

Chart 3 illustrates that 14 out of 20 respondents report that to the best of their knowledge there has been an increase in the <u>quantity</u> of volunteers. Proportionately more Special Boards (three out of seven) than Territorial Boards (two out of 14) report that there has not been an increase. One Territorial Board is 'not sure'.

Chart 3
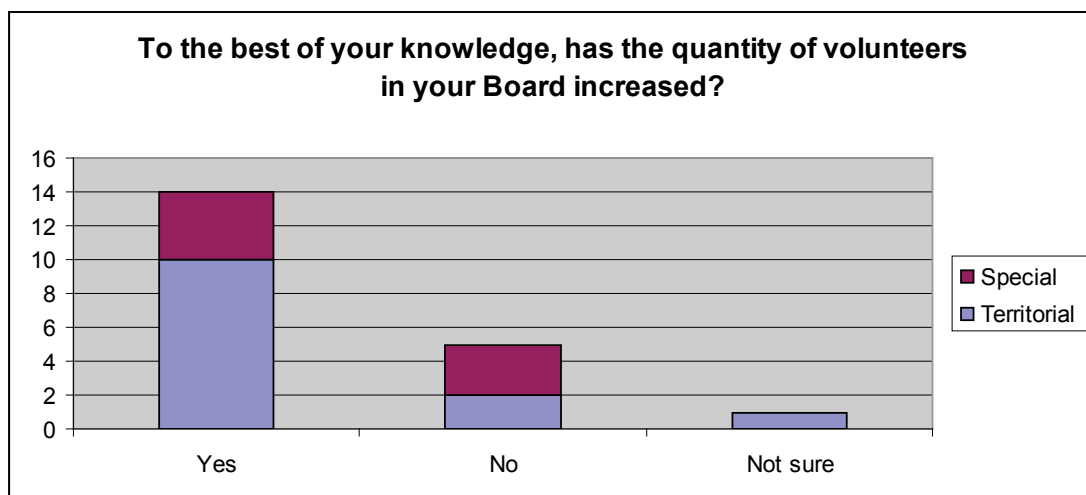
<u>Special Boards</u>

Two of the four 'yes' respondents quoted figures for increase in quantity of volunteers. Numbers quoted ranged from one Board reporting an increase to eight volunteers while the other has seen an increase from 500 to 1300 volunteers in the last two years. These figures help to illustrate the differing requirement for volunteers among Boards. The other two 'yes' respondents reported the proportion of the increase in quantity of volunteers.

"Increase has more than doubled."

"The number of volunteers has doubled in the Board."

And there is a comment about not sacrificing the quality of volunteer roles for quantity of volunteers.

"However, our approach to improving volunteering is not merely about quantity but quality of roles provided and having an impact on patient experience."

Of the three NHS Boards reporting 'no' increase in quantity, one said it has difficulty in recruiting, one said that they always have the required quota of volunteering, and the other did not comment.

Territorial Boards

Six of the 10 'yes' respondents reported on the actual figures for their NHS Board. Actual numbers quoted varied from small to large. For example:

*"Five new volunteers recruited."*

"The quantity of volunteers has increased by 229 from November 09 - November 2010, giving a total of 401 at present."

Again these figures may go some way to demonstrate the difference between Boards' requirements for volunteers.

Diversity

Chart 4 shows that the 13 out of 20 respondents report an increase in the diversity of volunteers. Four out of 20 report are 'not sure' which, as we will see later, may be due to a lack of historical data with which to compare current figures. Proportionately more Special Boards (two out of seven) than Territorial Boards (one out of 14) report that diversity had not increased.

Chart 4
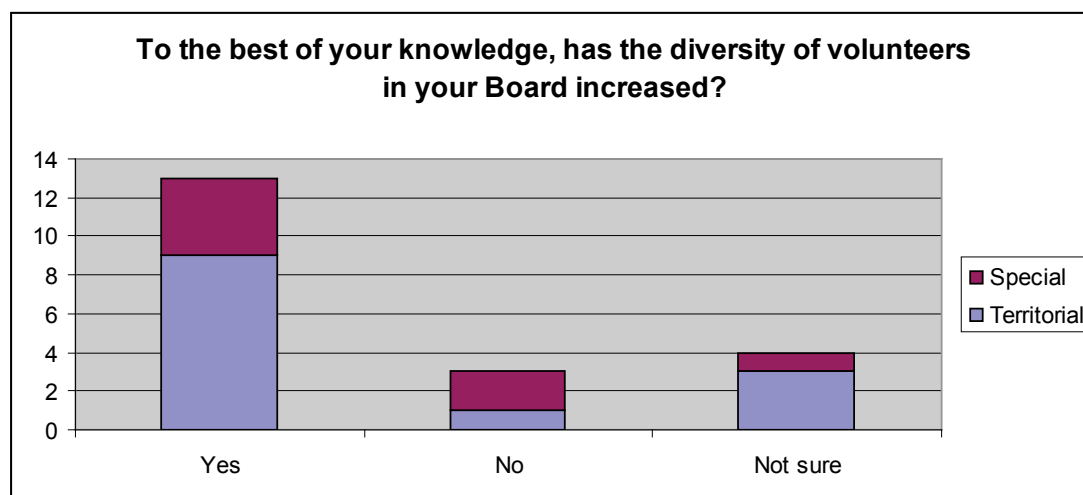
Special Boards

None of the 'yes' respondents provided any indication of the scale of the increase in diversity of volunteers. Their responses were more anecdotal in nature. For example,

"We have achieved increased diversity in our pool of volunteers as measured against some of the equality characteristics including age and disability."

Recruitment of diverse volunteers

Some respondents mentioned their efforts to appeal directly to diverse groups which appear to be paying off.

Because of the nature of our activities there is a need for more volunteers and we are improving our pool of volunteers by recruiting young groups, learning disabilities and other hard-to-reach groups.

<u>**Territorial Boards**</u>

Two NHS Boards quantified the diversity of volunteers. For example,

"Approximately 60% of all new volunteers are under age of 25. Percentage of Ethnic Minority Volunteers is 11.3%, and [we] *have volunteers from 31 different countries. Percentage of volunteers who have advised on disability is 10.5%."*

Others reported their perception of an increase in diversity in a more anecdotal fashion. For example,

"There seems to have been an increase in the number of young people and ethnic minority volunteers, feeling that these are probably mostly students."

Lack of historical data

It appears that many NHS Boards are not yet in a position to quantify the increase in diversity of volunteers. The collection of data on diversity is relative new and so many Boards have little historical data with which to compare.

"The profile of volunteers' diversity had previously not been recorded. In October 2010 we implemented a new system for monitoring the equality and diversity of our volunteers."

Impact of economic climate on diversity of volunteers

Territorial Boards described their perception that the current economic climate is resulting in more diverse volunteers coming forward, particularly younger people, students and unemployed people who are seeking to develop or maintain skills and augment their CV through volunteering.

"Due to higher unemployment there have been more people looking to volunteer who see it as a step into employment."

Patient Focus and Public Involvement

There is a perception that the opportunities to volunteer with patient/public involvement projects are attracting people with disabilities.

There are a number of people with disabilities who have been volunteering particularly in the area of patient/public involvement with projects such as Long Term Conditions, Deaf and Carers Consultation Group and Wheelchair Users and Carers Network.

Question 5

Do you feel that your Board has improved the effectiveness of volunteers' contributions to health service delivery? Why do you say this?

Chart 5 illustrates that 17 out of 21 respondents report that their NHS Board has improved the effectiveness of volunteers' contributions to health service delivery. The main reasons cited by both types of Board for the improved effectiveness of volunteers' contributions are better, more consistent volunteer management practice and an increase in the number and range of volunteer opportunities available.

Chart 5
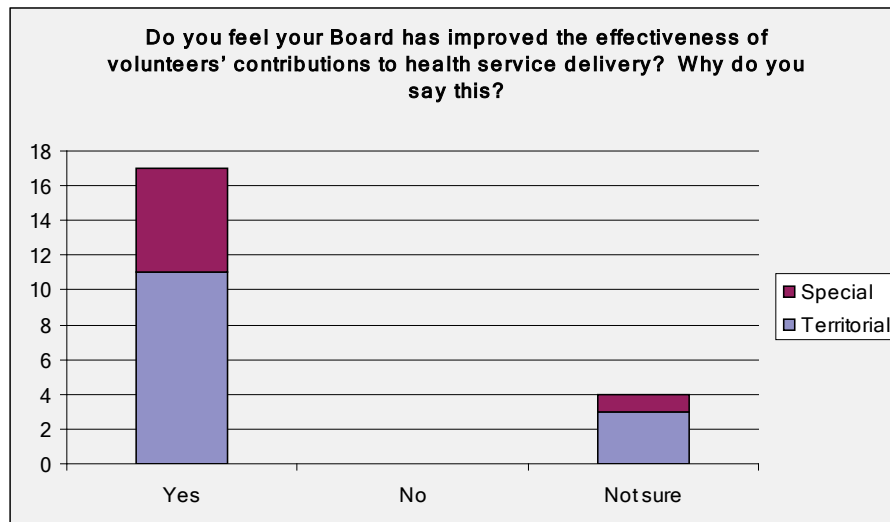
Do you feel your Board has improved the effectiveness of volunteers' contributions to health service delivery? Why do you say this?

Analysis of the qualitative data collected in response to the sub question 'Why do you say this?' found several themes which are reported on below by Board type.

<u>Special Boards</u>

Better structured, consistent approach to volunteer management

The majority of responses cited improvements in volunteer management practice and Investing in Volunteers as being the main reasons for the increase in the effectiveness of volunteers' contribution to health service delivery.

"Through the Investing in Volunteers process and ongoing implementation of our Involving People strategy and action plan we continue to ensure consistent and robust approaches to recruitment, selection, training and support for volunteers. Consistency of approach across all aspects of our work has and will support improved effectiveness."

The one 'not sure' respondent's answer to the sub question suggests that where the Board has involved volunteers the experience has been a positive one.

"As a result of the Refreshed Strategy for Volunteering [name of NHS Board] *have considered volunteers contributions to their work very carefully. This has lead to a number of new improvements being made to assist volunteers and help staff support volunteers to make a meaningful contribution to the work of* [name of

Board]………………………… *Positive feedback has been received from groups where volunteers have been used."*

Evidencing effectiveness of volunteers' contributions

A few respondents supported their 'yes' answer by citing positive feedback received from groups and services that involve volunteers, while others appear to define effectiveness as the range of volunteer roles and type of services delivered by volunteers.

"There has not been one volunteer who has not contributed to health service delivery. Meeters and Greeters…………wards volunteers support sensory impaired people …………….. Food, fluid and nutrition volunteers. Lay members represented in various groups and committees have also been involved in delivering training to staff on dementia, deafness, blindness etc."

Territorial Boards

Better structured, consistent approach to volunteer management

The overwhelming response to the sub question 'Why do you say this?' was improvements to volunteer management polices and practices.

"There is a more structured process around volunteering and the new policies and procedures have made expectations etc a lot clearer so this is a much better starting point."

Evidencing effectiveness of volunteers' contributions

A couple of respondents mentioned their use of audits and assessments to gauge the effectiveness of volunteers' contributions to health service delivery.

"Following an audit of volunteers and lay reps, [name of NHS Board] has been able to find out where people are, what they are doing and the impact that volunteers have been having on services."

Others cited the range of volunteer roles as a measure of effectiveness.

"Evidence of the improved effectiveness of our volunteers' contributions can be seen in the following areas:- Spiritual Care - volunteers support both patients and staff Public Health Directorate Emergency Planning Time Banking Learning Disability Social Inclusion Improved Nutrition - volunteers providing additional resource during meal times Community Engagement - befriending service."

A view among the 'not sure' respondents is that it is early days yet to be able to comment of the effectiveness of volunteers and that there is a need for a consistent evaluation method.

"Getting better at measuring the impact of volunteering but not sure if that's a result of the strategy. We have however been more consistent across the organisation because of the strategy. Need to have a more proactive and consistent method of evaluation in place."

Question 6

In which areas do you believe you are able to demonstrate the most significant improvement in volunteering over the last three years?

The most frequently cited area in which respondents believe they are able to demonstrate the most significant improvement is volunteer management policy and practice.

<u>**Special Boards**</u>

Volunteer management systems and processes

The most frequently reported areas where respondents believe that they are able to demonstrate the most significant improvements in volunteering are volunteer management systems and process. Some respondents mentioned the establishment of simple governance structures and volunteer steering groups to guide the progress of volunteer involvement. Others mentioned the establishment of volunteer databases to help match volunteers with available roles, and the monitoring of volunteer numbers and diversity. While other respondents cited the design and delivery of volunteer management practices such support and supervision, appraisal, and risk assessment.

It appears that Boards have used the past three years to establish a foundation for the involvement of volunteers.

"We have opened up our structures in terms of how the public can be involved and put support processes in place for the public to be successfully involved."

Volunteers helping to shape services

The impact of volunteers' influence on the shape of services was also a common theme to emerge from the data analysis. The example quoted below illustrates that volunteers' suggestions can have a positive impact on costs.

"Volunteers have influenced the way we deliver services and their input during their roles and responsibilities has highlighted areas for improvements and in most occasions suggested options to do so in a most cost effective manner."

<u>**Territorial Boards**</u>

Volunteer management procedures and practice

The most frequently reported areas of improvement in volunteering are better volunteer management procedures and practice, and consistency of application. Respondents mentioned consistency in documentation, guidelines, and induction for volunteers, and more and better training and information for staff about managing volunteering resulting in increased confidence.

"There has been a gradual incline in the development of volunteering services from an ad hoc arrangement to a more structured format within the organisation.The infrastructure, co-ordinated approach and resources available have provided Volunteer Managers and other members of staff working with volunteers increased reassurance, confidence and support."

It appears that for many respondents the result of this investment in volunteering is an increase in volunteer numbers and the creation of new volunteering roles.

"There are an increased variety of opportunities throughout the whole of the Board's activities."

Recognition of volunteering / volunteers

A number of respondents reported an improvement in management and staff recognition, formal and informal, of volunteering.

"There is a volunteer category for [name of NHS Board]'s celebrating success event which shows how volunteering has become more valued and embedded."

"Staff's perception around the positive value of volunteers."

Role of Investing in Volunteers

Some respondents cited Investing in Volunteers as having a major contribution to play in the improvement of volunteering in their NHS Board.

"Significant improvement is everything to do with the Investing in Volunteers action plan."

Question 7

What have been the main challenges the strategy has presented over the past three years?

The general themes to emerge from the analysis of the qualitative data for both types of NHS Board are: capacity and resources to support volunteering; similarity to Patient Focus and Public Involvement work; staff buy-in; and consistency in volunteer management practice.

<u>**Special Boards**</u>

Capacity to involve volunteers and deliver good practice in volunteer management

This was the most frequently cited challenge for the Special Boards. The issues appear to be time and resources to build capacity among staff and to identify roles for the increasing number of volunteers coming forward. The following quotes sums up the view.

There are also challenges to do with building capacity of staff managing volunteers, resources available and time given to manage or work with volunteers.

The number of volunteers and finding opportunities for volunteers as well as diverse roles for volunteers.

Bureaucracy

According to two of the respondents the strategy has introduced bureaucracy to volunteering which they believe is not welcomed by volunteers. Their main concern

appears to be the recruitment process and the need for volunteers to provide information about their volunteering.

"The strategy brings with it paperwork and bureaucracy which is something that our volunteers do not like."

Applicability of strategy to all NHS Boards

One of the respondents cited feedback he/she had received from colleagues that the strategy does not recognise the diversity of NHS Boards and the volunteers. This respondent holds the view that the nature of the work of some areas in an NHS Board can mean that there will never be roles for volunteers.

"'One size fits all' approach doesn't work for the definition of volunteers in Special Board, not the same for Territorial Boards."

Patient Focus and Public Involvement work

There is an indication in the responses from Special Boards that the strategy and Patient Focus and Public Involvement work are similar and that there may be benefits from streamlining the two.

"Streamline the relationship with Patient Focus and Public Involvement work to avoid duplication."

There is also an indication that existing practices may be having an impact on the potential for volunteering opportunities.

"The historical [NHS Board's name] practice of paying lay members in some areas of business has reduced the number of potential unpaid volunteering roles."

<u>Territorial Boards</u>

Capacity to involve volunteers and deliver good practice in volunteer management

This was the most frequently reported challenge by Territorial Boards. Respondents' view is that the strategy has been successful in raising awareness and acceptance of volunteering, the result of which is an increase in the number of volunteers involved. Whilst management have recognised the value of volunteers, the respondents' view is that there is a need for more investment of resources to support volunteering.

"An increase in the number of volunteers means increased pressure on those who are responsible for supporting them."

"Time to support volunteers and see volunteering as a service, properly supported and provided for."

Staff buy-in

Another common challenge reported by Territorial Boards is staff buy-in to the concept and culture of volunteering. Many of the related issues appear to be connected to staff fears and concerns that volunteering equates to job substitution. This topic has been raised earlier in this report. However, the following quote

illustrates how the concern is perceived to be linked to the current economic climate surrounding public sector funding.

"We have also had challenges in staff accepting volunteers as some staff may consider them a volunteer workforce who could threaten their jobs. Therefore, we have to tread sensitively due to the freeze on recruitment and the staff concern around a volunteer workforce."

Investing in Volunteers

A small number of respondents (two) cited an over emphasis on the achievement of Investing in Volunteers as being a challenge and possibly as being to the detriment of other parts of the strategy. There is no indication in the data as to what these other parts of the strategy might be.

"An overemphasis in Investing in Volunteers almost to the detriment of other parts of the strategy."

Consistency

The need for consistency in the implementation of volunteer management policies and practices is cited by some respondents as being a challenge. One respondent cited an issue with the volunteer expenses policy which, according to him/her, varies across NHS Boards. It is not known from the data if these issues persist.

Question 8

Has your Board achieved Investing in Volunteers or likely to do so by March 2011?

Chart 6 illustrates that the majority of boards, 12 of the 14 Territorial Boards and four of the seven respondent Special Boards, have achieved the Investing in Volunteers award. The remaining Boards report that they will have achieved it by March 2011.

Chart 6
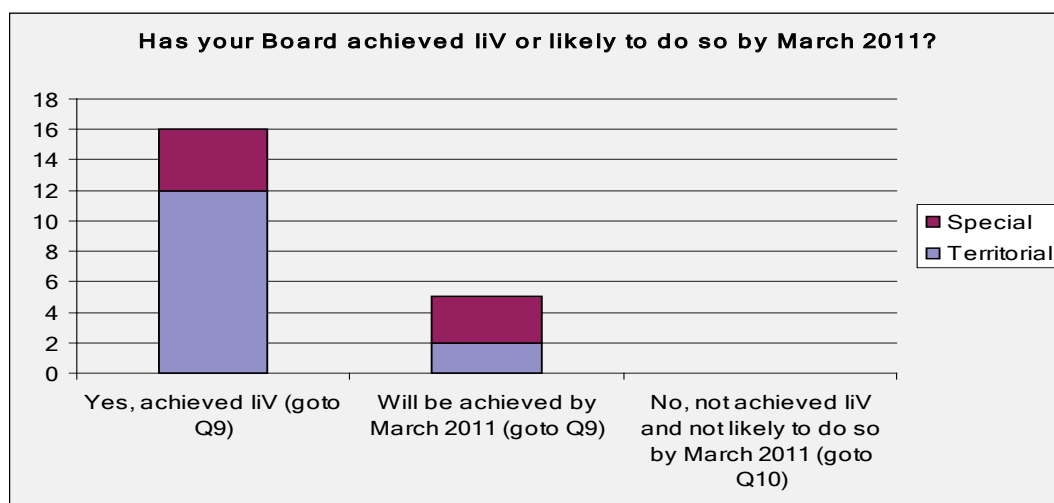
Question 9

How does your Board plan to monitor and maintain this award?

The main theme to emerge from the qualitative data analysis is that all NHS Boards are planning to monitor and maintain the Investing in Volunteers award through:

• volunteering working/steering groups driving the work forward;

• Investing in Volunteers and other action plans for volunteering that cover the period until the next Investing in Volunteers assessment;

• annual reviews, surveys and volunteering impact assessments; and with

• regular reporting on progress to strategic groups and individuals such as designated leads; Staff Governance Committees; Involving People Steering Group; Equalities Group, Patient Focus and Public Involvement Steering Group and HMT (Hospital Management Team).

Question 10

What still has to be done to achieve the award and when is this likely? How do you plan to monitor and maintain this award status once it is achieved?

There were no responses to this question because all NHS Boards reported in Q 9 that they have achieved or will have achieved the Investing in Volunteers award by March 2011.

Question 11

What are the key challenges your Board faces with respect to volunteering in the next two years?

The general themes to emerge from the analysis of the qualitative data for both types of NHS Board are: capacity and resources to support volunteering in a difficult economic climate; similarity to Patient Focus and Public Involvement work; staff buy-in; consistency in volunteer management practice; economic volunteers; and increasing cost of disclosure. A comparison with the results for Q 7 found that many challenges persist.

<u>**Special Boards**</u>

Capacity, resources and economic climate

The key challenges reported by Special Boards are capacity to deliver good volunteer management practice, and concerns about the economic climate and how it might affect resources for volunteering.

"Capacity management issues for managers of volunteers as well as time, record keeping and training demands."

"Another key challenge is our own resource for a growing agenda which will get harder due to the economic situation."

Protecting Vulnerable Groups scheme

The higher cost of disclosures under the Protecting Vulnerable Groups scheme was raised by one of the respondents as a key challenge facing his/her service due to the large numbers of volunteers involved.

Continuing to raise awareness of volunteering

Many respondents see this as an ongoing challenge.

<u>**Territorial Boards**</u>

Capacity, resources and economic climate

The most frequently reported challenges for Territorial Boards are capacity to support increasing numbers of volunteers and worries about the economic climate and its effect on resources for volunteering.

"Capacity - balance the increasing number of volunteers against the internal capacity available to manage and support them. Maintaining and increasing numbers of volunteers in a time of financial constraint and ensuring the same quality of support for volunteers.Ensuring the infrastructure is in place on an ongoing basis."

Job substitution

The issue of job substitution was reported as a challenge particularly in current financial climate.

"Staff and volunteer relationships may become strained as staff may feel their own job status is threatened in current economic climate."

Protecting Vulnerable Groups scheme

Another challenge reported by respondents is the increased cost of disclosures due to introduction of the Protecting Vulnerable Groups scheme in February 2011.

"Protection of Vulnerable Groups Scheme – cost implications: dependent on volunteer's role."

Economic volunteers

A large number of respondents reported the challenge of economic volunteers, i.e. volunteers seeking to maintain or increase their employability through volunteering. Respondents see the provision of volunteer roles that meet the needs and expectations of these volunteers as a challenge, particularly since there appear to be increasing numbers of such volunteers coming forward.

"Due to the economic climate there has been an increasing demand for volunteering opportunities as people who are out of work are looking for voluntary appointments. There is a large demand from prospective medical students for medical volunteering opportunities due to universities expecting students to have voluntary experience in their chosen profession."

And respondents also report the management of the anticipated higher turnover of economic volunteers as a challenge.

"There may be a higher turnover of volunteers mainly due to people seeing volunteering as a step towards employment. This will be more resource intensive."

Question 12

How helpful did you find the outputs from the National Action Group when progressing the volunteering agenda in your area? Why do you say this?

Conflating the results for 'very helpful and helpful' shows that more than half (12/21) of the boards reported that the outputs of the National Action Group have helped them. The bulk, (10), of these are Territorial Boards. Equal numbers of Special and Territorial Boards reported that the outputs had been 'neither helpful nor unhelpful'. One Special Board reported that they had found the outputs to be 'unhelpful'. There were no reports of the outputs being 'very unhelpful'.

Chart 7 below illustrates the findings.

Chart 7
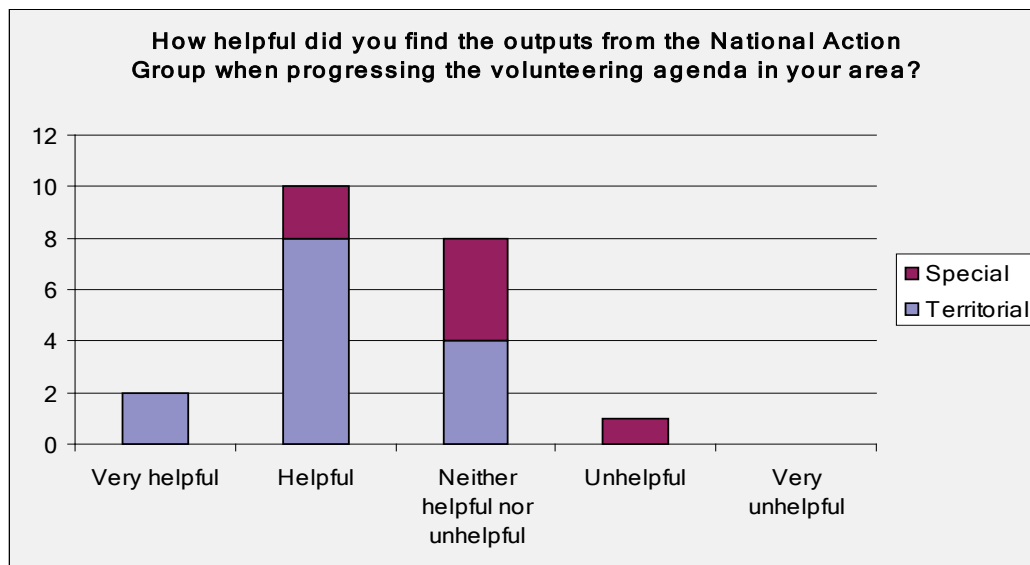
NHS Boards have found it helpful to have a national group setting direction and priorities. The guidance has been of particular use in helping to ensure consistency in aspects of volunteering across the NHS in Scotland. There is a common view that the profile of the group could have been higher, its remit clearer, and its membership more NHS specific and reflective of its role.

Special Boards

Special Boards reporting 'very helpful' and 'helpful' had found the guidance and training organised by the National Action Group to be of particular help.

"The accompanying guidance has been of good quality and has been used in the creation of an internal staff development workshop for colleagues planning or supporting volunteering involvement."

Some of the Special Boards reporting the outputs to be 'neither helpful nor unhelpful' went on to say that they had volunteer management processes in place already and felt that they didn't have much need of the National Action Group's outputs. As a result these Boards did not engage with the National Action Group. Others reported having received support from Volunteer Development Scotland or receiving the National Action Group's outputs indirectly, both of which had been helpful.

One Board had found the outputs to be 'unhelpful'. In response to the sub question, 'Why do you say this?' the respondent expressed the opinion whilst he/she had found the outputs to be unhelpful it is good to have direction setting and an overview at the national level.

Territorial Boards

The general view among the Territorial Boards is that the National Action Group has helped to raise the profile of volunteering across the NHS in Scotland.

"The National Action Group was very helpful in raising the profile of the awareness of volunteering."

It is considered by NHS Boards to be helpful to have a national group that sets direction and priorities and has links to the Scottish Government.

"Good to look at what the National Priorities were and to get a steer in the right direction to see that we were doing things right."

"The group is helpful in the sense that it is linked to the Scottish Government."

Boards responding 'very helpful and helpful' had found the four guidance documents to be of great help in providing consistency in aspects of volunteering across the NHS in Scotland.

"Provision of four guidance documents which has produced consistency across Boards."

And the Boards were complimentary about the support and communications they received from the National Action Group, with the response from one rural NHS Board suggesting that distance did not preclude them from gaining support.

"Being from a remote and rural health board, it has not been possible to attend national meetings for volunteers. However, we have found the group very supportive in providing help and guidance via email and telephone conversations."

Some of the Boards reporting 'neither helpful nor unhelpful' stated that they already had volunteer management process in place and were aware of what needed to change prior to the receiving outputs from the National Action Group.

Others expressed the opinion that the membership of the Group is not entirely relevant to the NHS in Scotland. While another view is that the Group's profile could be higher, and that the difference between the role of the Group and the role of Volunteer Development Scotland could be clearer.

"However the Group could have been more visible. It was not easy to distinguish between the role of the National Action Group and the role of Volunteer Development Scotland."

Question 13

In your opinion what specific role could this group play in the future that would be of assistance in your area?

The main themes to emerge from the qualitative data analysis were leadership and sharing of best practice. Let us look at each of the themes by NHS Board type.

<u>**Special Boards**</u>

Leadership

There is a view among Special Boards that the National Action Group could provide leadership to ensure a long term vision for volunteering and a consistent approach to volunteering across the NHS in Scotland.

There could be a role for the Group to work with Boards to tackle financial challenges and help to sustain volunteering.

"Brokering and sharing of health board resources."

"Holding discussions around how to sustain volunteering."

However, Boards should not be absolved of their responsibility to drive forward the implementation of the strategy at the Board level.

"We feel that leadership in driving forward implementation of the strategy in each Board area has to come from the Board themselves."

Sharing best practice

A common view among respondents is that the National Action Group could have a role as a forum for the sharing of best practice in volunteer management and highlighting achievement

"Possibly a role as a forum for facilitating the sharing and implementation of best practice."

"Sharing of good practice and highlighting achievement."

<u>**Territorial Boards**</u>

Sharing best practice

The most frequently mentioned role for the National Action Group was to act as a conduit for the sharing of best practice in volunteer management.

"Facilitating the sharing best practice between different Board areas."

Leadership and support

The view among Territorial Boards is that there is a continuing leadership role for the National Action Group to have a national overview of the strategy and its implementation and to develop national guidance for NHS Boards. Respondents appear to want consistency and efficiency across Boards in the approach taken to volunteer management and see the Group as having a role to facilitate this through the production of national guidance, standards, training packages for volunteer managers, and ways to demonstrate outcomes of volunteering.

"Ensuring single system working across Scotland. Ensuring there is no duplication of activity across organisations."

They also see a role for the Group as a champion for a long term vision for volunteering and to secure national buy-in and resource allocation for volunteering through having a lobbying role with decision makers.

"Currently the culture around volunteering seems to have a short term vision; however, a long term vision matched by long term investment makes for joined-up visions and more efficient and effective service provision."

Some respondents included in their answers advice for the Group. For example, there is a perceived need for the Group to improve its information sharing with Boards, and to provide clarity about its remit at the national, regional and local level.

Question 14

If the membership of this group were to be reviewed, which practitioner representatives do you believe should be involved? (Titles only please)

The analysis of the data found a wide range of titles. Every title mentioned has been included in the tables below along side the frequency with which it was mentioned. The titles are arranged in descending order of frequency.

Table1: Special Boards

Practitioner Representatives	Frequency
Volunteer Service Managers	2
Lay representatives/volunteers	2
Front line staff who work with volunteers	2
Patient Focus and Public Involvement staff	1
Voluntary sector representatives	1
Public health practitioners	1
Senior nurses	1
Chief Operating Officer/General Manager/Director	1
Human Resources	1
Equality and diversity	1
Service managers	1
Representative from each NHS Board (volunteer leads)	1
Scottish Health Council	1
Scottish Ambulance Service	1
NHS Education for Scotland	1
Scottish Government representative	1
Strategic Co-ordinating Groups representative (police, Red Cross, local councils)	1

Table 2: Territorial Boards

Practitioner Representatives	Frequency
Lay representatives / volunteers	5
Volunteer Service Managers	2
Patient Focus and Public Involvement staff	2
Front line staff who work with volunteers	2
Chief Operating Officer/General Manager/Director	2
Representative from each NHS Board	2
Service managers	2
Voluntary sector representatives	1
Public health practitioners	1
Senior nurses	1
Human Resources	1
Equality and diversity	1

The similarity between the responses from the two types of NHS Board is striking. Taking the top three for each Board we see that the most frequently cited titles are Volunteer Service Managers, lay members and volunteers, front line staff who work with volunteers, and Patient Focus and Public Involvement staff. This may represent a desire to have more operational staff and volunteers involved on the National Action Group who can add their first hand knowledge and experience of volunteering and Patient Focus and Public Involvement work.

Again there is a common view that the National Action Group needs a clear remit and that the membership should reflect its role.
"However, the make up should reflect the role the group is expected to perform but should include members whose bread and butter is volunteering." Territorial Board

Question 15

Based on your experience over the last 2-3 years to what extent has a) your NHS Board and b) NHSScotland as a whole met the Refreshed Strategy on Volunteering on a scale of 1–10, where 1 is little or no progress to wards the strategy and 10 is the strategy has been fully met. Why do you say this?

Chart 8 below illustrates the results for part a) of this question for each type of Board.

Chart 8

The average score (arithmetic mean) given by the 20 Boards is **7.30**, with scores ranging from **5** to **10**. Let is now look at the scoring by Board type.

Special Boards

Analysis of the data found the average (mean) score given by Special Boards to be **7.6**. Range of scores: **lowest 7** and **highest 8**. This illustrates a degree of consistency in self assessment among Special Boards.

Analysis of the comments from Special Boards giving themselves a **below average score** found that they were basing their score on having made good progress with the implementation of the strategy and that there was more to achieve.

"Got a plan, a vision and recognition of local implementation and high commitment from the Board."

"[NHS Board name] has made good progress but there is more we can continue to do."

Most of the Special Boards giving themselves an **above average score** cited the achievement of Investment in Volunteers as the main reason for their score.

"As achieved Investors in Volunteers, have had feedback from volunteers on how they feel supported and how their roles have developed."
"The progress towards achieving the Investing in Volunteers standard has brought many benefits such as the induction for volunteers, the volunteer handbook and greater staff awareness and involvement."

<u>Territorial Boards</u>

The average score given by Territorial Boards was found to be **7.1**. Range of scores: **lowest 5** and **highest 10**. This illustrates widely differing self assessment by Territorial Boards and a much wider range of scores compared to the Special Boards.

A common theme in the comments from NHS Boards giving themselves a **below average score** was that they had done a great deal of work on the implementation of the strategy and that there was still more to be done to promote volunteering and to maintain the policies and procedures that support it.

"Done a lot but there is still a lot to do. This is the beginning of the journey. Cannot rush this, we have to continue to raise awareness."

Those Boards awarding themselves an **above average score** commented that they had met the requirements of the strategy, or were about to achieve Investing in Volunteers, and that they had more confidence in their volunteer management processes.

"Have achieved Investing in Volunteers which is a rigorous process. Have introduced a robust system and as a result are more confident in the processes."

There is evidence that above average scorers also think that there is more to be done.

"Although specific actions have been fully met in order to achieve the Investing in Volunteers award, further work could be done around the ten core actions."

<u>Chart 9 below shows the results for part b) of this question – NHSScotland.</u>

Only 11 Boards (five Special and six Territorial) gave a score for NHSScotland. Many respondents stated that they didn't have enough knowledge or understanding of what was happening across NHS Scotland. As a result they considered it inappropriate to provide a score or a comment.
"We have little experience of what is happening across other Boards so cannot give a score."

Chart 9

Extent strategy met by NHS Scotland
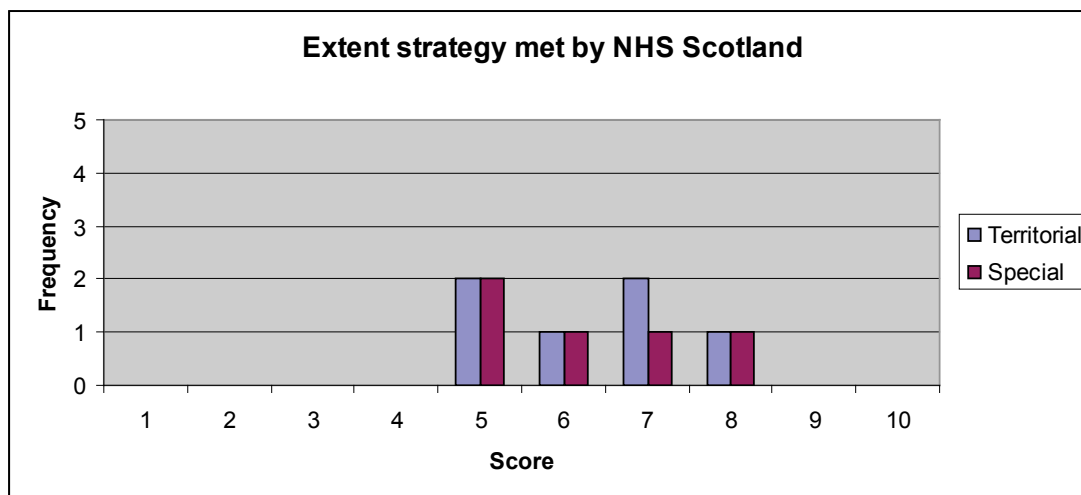
The average score (arithmetic mean) given by the 11 NHS Boards is **6.27**, with scores ranging from **5** to **8**.

Although the data is limited let us now look at the scoring by Board type.

Special Boards

The mean score given by Special Boards was **6.2**. Range of scores: **lowest 5** and **highest 8**.

There were no clear themes to emerge from analysis of the comments from respondents giving a **below average score** to NHSScotland. Individual comments included not knowing what impact the strategy has had in other Board areas,

"Not sure of impact in other Board areas."

and a view that the amount of national guidance provided was insufficient and that in order to ensure consistency the topics of guidance ought to have been agreed at national level.

"Why wasn't there more Scottish wide guidance, e.g. why was there no guidance on what information we held on volunteers? Should have been agreed at the national level and not for discussion at the local level."

and a perception that many of the Boards have yet to achieve Investing in Volunteers award and that Territorial Boards have more challenges due to the wider range of volunteer services.

"With regard to NHSScotland as a whole we have marked them lower than us on the basis that many of the Boards have still to achieve Investing in Volunteers status but also because the territorial Boards face more challenges having a wider range of services in which to place volunteers."

Respondents giving an **above average score** to NHSScotland commented that work on the strategy was progressing well and that it requires investment to deliver it.

"Work is progressing and it is doing well although there needs to be financial back-up. There is a need to consider the management structure and investment in training for paid staff who manage volunteers as well as for volunteers themselves."

The achievement of Investing in Volunteers itself appears to be regarded as an indicator of how well NHSScotland is progressing with the strategy.

"All other Boards have or will have achieved Investing in Volunteers status which shows the progress being made towards the Refreshed Strategy on Volunteering across the whole of the NHS in Scotland."

Territorial Boards

Territorial Boards gave a mean score of **6.3**. Range of scores: **lowest 5** and **highest 8.**

Analysis of the data from respondents giving a **below average score** to NHSScotland found that only one respondent had commented on their score. This sole comment was around the achievement of Investing in Volunteers and illustrates how this is seen as an indicator of progress with the strategy.

"Although some Boards have done very well, other Boards do not have Investing in Volunteers yet so have scored 6 as an average."

Analysis of the data from respondents giving an **above average score** to NHSScotland found a theme around the perception that most Boards were making progress with the strategy and that the commitment to volunteering is much more visible, but that there is still more to do

"There is more visible commitment to volunteering from NHSScotland as a whole and good awareness amongst those who work with volunteers on a day-to-day basis, but not amongst all staff."

A common view among Territorial Boards is that further embedding of the strategy in the NHS in Scotland will require resources and more consistency in the structures that support volunteering.

"Difficult to answer due to variations; other Boards don't have Volunteer Service Managers, if Volunteer Service Managers were set as an action across all Boards it would be possible to better gauge by how many Boards had achieved establishment of Volunteer Service Managers."

"Ownership is not such an issue where there is a named Volunteer Service Manager function, however they will still have financial challenges."

Question 16

Do you agree that this would be an acceptable model of support for Boards for the next two years? If no, please offer suggestions for an alternative approach.

Chart 10 illustrates that half of respondents (10/20) agree that this model of support for NHS Boards would be acceptable. A quarter of respondents were 'not sure' and the remaining quarter did not agree. There are concerns regarding the capacity of one post holder to cover the whole of NHSScotland and to meet the different needs of Boards.

Chart 10

Do you agree that this would be an acceptable model of support for Boards for the next two years? If no, please offer suggestions for an alternative approach.
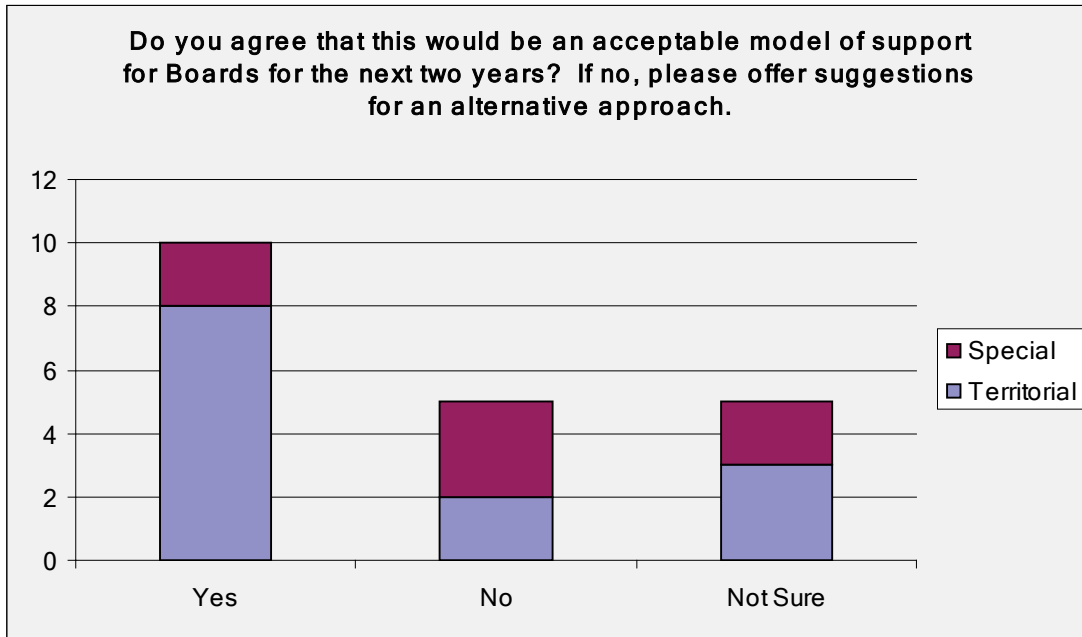
Special Boards

Just over a quarter (two out of seven) of Special Boards agree that the model of support is acceptable. One of the two gave an unconditional 'yes', the other qualified their response with the view that the suggested Project Manager post was too big a role for one person to cover and to cater for the diverse needs of all the Boards in Scotland.

"It is an acceptable model but one person is not enough for all of the NHS. One person is a good start but there needs to be a team of individuals providing support."

Analysis of the qualitative data collected in response to the sub question 'If no, please offer suggestions for an alternative approach found a range of views among those answering 'no' and 'not sure.' These views have been themed and are reported on below.

NHSScotland-wide support

Respondents would like there to be NHSScotland-wide support for volunteering although there is no indication from the data that there is a commonly held view of how or who could undertake the role.

"Would be helpful if whichever organisation was hosting or providing support and expertise in all aspects of volunteering across NHSScotland had a national profile to deliver effective support to all health boards and functions."

Other models suggested

Suggestions put forward by respondents are that the National Action Group could be reconstituted with a wider membership including NHS Board representatives and that through the sharing of best practice Boards could help to support each other. Other respondents suggested that they would be happy for the Scottish Health Council to continue monitoring and supporting them. And some respondents reported having appreciated the support of Volunteer Development Scotland and wondering if it would continue.

Patient Focus and Public Involvement and volunteering

One respondent commented that in his/her opinion the work on volunteering is very similar to that of Patient Focus and Public Involvement and that the volunteer and participation standards could be aligned.

<u>**Territorial Boards**</u>

Almost 2/3 (eight out of 13) of Territorial Boards agree that the model of support is acceptable. Most 'yes' respondents added comments to their response. These have been themed and are reported below.

Continuity and consistency

The Project Manager post, if full time and stand alone, would take forward the work achieved already through the strategy and help to develop a consistent approach to volunteering.

"It is a continuous development tool to implement and embed the strategy and enable Boards to being to work with a consistent approach."

NHS specific support

'Yes' respondents want support for volunteering from a central point and for it to be provided in-house, i.e. within the NHS. This preference appears to be connected to a view that the post holder needs to understand and be familiar with the culture of NHSScotland, its ways of working and the diverse nature of NHS Boards.

"The volunteer agenda could be diluted with a group sitting outside the NHS making decisions and strategies."

Capacity of the post

A common view among the 'yes' respondents is a concern regarding the capacity of the post to support the whole of NHSScotland and what it could realistically deliver.

"It is difficult to see what one post holder would be able to achieve for the whole of Scotland."

Let us now look at the comments of the 'no' and the 'not sure' respondents.

Two Territorial Board respondents do not agree with the model of support. One suggests that national guidance be provided by Volunteer Development Scotland with additional funding for Boards to develop the volunteer resource and its contribution to service delivery at the local level. The other is of the view that once

the membership and remit of the National Action Group is reviewed there may not be a need for such a post.

'Not sure' respondents also questioned the capacity of the post to cover NHSScotland. These respondents suggested other ways in which volunteering could be supported.

Invest locally

Some respondents proposed that it could be more beneficial to put the funding for the post into a fund to which NHS Boards could apply or that the money be distributed among the Boards to be used for the development of volunteering at the local level.

" There would be more benefit investing locally."

Existing volunteering infrastructure

Others are of the view that rather than create a new post and network more use could be made of the existing volunteering infrastructure in Scotland.

"Existing networks could be invested in and built on to offer this support, for example through Volunteer Centres or Scottish Health Council. It would be useful to know what kind of support Volunteer Development Scotland will continue to offer NHS once the contract has ended and this is mainstreamed."

"At the moment, our volunteering managers meet within network, so it is hard to see what one person in a new post could add to this work."

6. Conclusions

The previous section of this report presented the results of the questionnaire in detail. This section presents conclusions about the findings under the key areas of the strategy on which the review sought to report. As a reminder to the reader these are:

- How well NHS Boards have progressed with the objectives:
    - To enhance the quantity and diversity of volunteers in the NHS in Scotland and to maximise the effectiveness of contributions to health delivery
    - To ensure that volunteers have a consistently positive experience, whenever and wherever they volunteer in NHS Scotland; and
    - To provide a framework for quality standards in volunteer development in NHS Scotland and the creation of a platform for better recognition of the importance of volunteering in NHS Scotland
- Significant improvements in volunteering at the local level
- Challenges the strategy has presented at the local level
- Board plans for progressing volunteering locally in the next 2-3 years
- The role and outputs from the National Volunteer Action Group

How well NHS Boards have progressed with the objectives?

The findings indicate that NHS Boards have progressed with the objectives. Let us look at each sub objective in turn.

Boards have enhanced the quantity and diversity of volunteers in the NHS in Scotland with the majority reporting an increase in the number and diversity of volunteers, and an increase in the range of volunteer roles available. These aspects may be considered as indicators of an organisation that follows good practice in the planning for and recruitment of volunteers, and which values the diversity of the public in Scotland and the role that they can play in the delivery of health services. There is though a note of caution expressed by volunteer managers that the strategy has been perceived as an impetus for increasing the number of volunteers and that this approach may be at the expense of quality volunteer placements. The diverse nature of NHS Boards in Scotland means that there are some areas where volunteer involvement is not appropriate and the strategy has not taken this aspect into account.

The majority of survey respondents report that their Board has improved the effectiveness of volunteers' contribution to health service delivery. It is clear from the survey results that many Boards define effectiveness in terms of the number of volunteers and the range of volunteer roles available. The perceived focus of the strategy on increasing volunteer numbers may have led to this notion. Other respondents have sought to define and measure effectiveness through the use of volunteering impact assessment tools, and identify a need for a consistent approach to measuring effectiveness.

Many of the respondents commented that their Board now has a much more consistent approach to volunteer management and that this is due to the strategy and, in particular, to the requirement therein for Boards to achieve the Investing in Volunteers standard. However, it is clear from the results that whilst there are major improvements in the standard of volunteer management practice and consistency in its delivery there are pockets of inconsistency some of which are internal to the Board while others are across NHSScotland. The extent to which the improvements are manifest on the volunteer experience is unknown as the scope of the review did not extend to health service volunteers.

The framework for quality standards in volunteering in NHSScotland is Investing in Volunteers and at the time of the review nearly all Boards have achieved this status. The target of all Boards having achieved the award by March 2011 looks as if it will be met. It appears that the process of gaining the Investing in Volunteers award has had a major impact on the awareness and acceptance of volunteers by Board staff, particularly by front line staff. Having achieved the Investing in Volunteers award many Boards are now looking towards its maintenance and the reassessment process in three years time. Monitoring and reporting structures and processes have been established by all Boards. Several respondents report that their Board now formally recognises volunteer effort at events such as annual achievement awards.

Significant improvements in volunteering at the local level

According to survey respondents there have been significant improvements in volunteering at the local level. Much of the credit goes to senior managers for the way in which they led the work 'from the top down' taking ownership of the strategy and cascading its implementation down the management line. This factor has been critical to the improvements at the local level. Senior management 'buy in' has demonstrated to staff the Board's commitment to volunteering. Volunteer Service Managers and other staff with responsibility for volunteering have implemented the strategy's action plan, and they are to be commended for the way in which they have encouraged and supported front line staff to embrace volunteering and to deliver

good practice in volunteer management. In the survey the most frequently cited significant improvement in volunteering was better, more consistent volunteer management policies and practices. This is vital to support volunteering and it appears that where volunteering is taking place good practice in volunteer management is being delivered by staff.

Challenges the strategy has presented at the local level

There were two questions in the survey which asked about challenges. One asked about challenges that the strategy has presented, the other about the challenges NHS Boards are anticipating over the next two years. A comparison of the responses to each question found some themes common to both. Capacity, resources, the impact of the economic climate, and the issue of job substitution appeared in both sets of responses. In addition to these, Boards state that they are facing the challenges of the increased cost of disclosures through the new Protecting Vulnerable Groups scheme, and the impact of economic volunteers on volunteer management.

Increased bureaucracy, similarity to Patient Focus and Public Involvement work, the diverse nature of Boards, and consistency in volunteer management policy and practice were cited as challenges that the strategy has presented at the local level. The review findings suggest that these challenges are still live and that Boards are continuing to grapple with them.

The main challenges cited by respondents are the capacity and resources required to deliver good practice in volunteer management. Capacity varies between Boards with some having a dedicated resource in the form of Voluntary Services Manager(s) and others relying on staff who have responsibility for volunteering added to their job description. Volunteer Service Managers tend to be responsible for particular geographic areas rather than working system wide. According to Volunteer Service Managers this can cause an issue with the consistency of practice within NHS boards where volunteers are being engaged by services and or departments. Respondents described the amount of work entailed in engaging staff, providing training and support for staff and volunteers, and going through the process to achieve Investing in Volunteers status. It appears that all the effort has been worthwhile with so many Boards reporting increased numbers and diversity of volunteers, a wider variety of volunteer roles, better volunteer management practice, and positive feedback about volunteering from volunteers and staff working with them. Indeed while the demand for volunteers increases and the number of volunteers engaged increases, the capacity of Boards to support volunteers and the staff who manage them may be stretched. It appears that capacity and resources have been and continue to be a challenge for Boards.

The role of Patient Focus and Public Involvement and its relationship to volunteering is cited as being a challenge. There is a view among respondents that the work is similar to that which supports volunteering and that it may be beneficial to streamline the two. Issues raised in connection with the confusion around Patient Focus and Public Involvement and volunteering appear to be the remuneration of lay members and their acceptance as equals by staff, whereas volunteers receive out of pocket expenses only and are viewed on with suspicion by some staff who feel their jobs are under threat.

There is evidence from the survey that there are pockets where volunteering has not been accepted by front line staff. The main reason for this appears to be a concern that volunteering equates to job substitution and there is evidence that this view is

being exacerbated by the current financial climate. This suggests that there is a need to help staff overcome this fear through managers and staff ensuring that volunteer roles are complementary in nature to those of paid staff.

Another challenge presented by the current economic situation is that of economic volunteers. Volunteering is being increasingly recognised by those seeking employment as a way to increase employability. There is evidence from the survey that unemployed people are seeking volunteering opportunities with NHS Boards as a way to enhance their CVs. Respondents are concerned about how best to meet the expectations of this type of volunteer and how best to manage the level of turnover which is anticipated to be higher for this group than that for other volunteers.

Board plans for progressing volunteering locally in the next 2-3 years

From the previous section on challenges for volunteering we have seen that Boards have a number of issues to contend with. From the data collected via the survey it is not possible to say how they plan to deal with these issues. What is known from the data is that the requirement to implement Investing in Volunteers action plans and to monitor volunteering will support the development of volunteering in the next 2-3 years as the Boards work towards reassessment of their Investing in Volunteers status.

The role and outputs from the National Action Group on Volunteering

The National Action Group has helped to raise the profile of volunteering within NHSScotland. It has steered the work on the strategy and provided an essential link between staff, management, and the Scottish Government.

The majority of respondents found the outputs of the National Action Group to be helpful, and singled out the four guidance documents as being of particular help in introducing consistency within and across Boards.

The membership of the National Action Group is perceived by respondents to be overly representative of senior personnel and non-NHS organisations, and there appears to be a need for clarity regarding the remit of the group.

Respondents are in favour of a national group to continue to steer the work and to promote volunteering. They would like to see the role of the national group redefined and its membership to reflect its remit. From the review it is clear that respondents would like to see more NHS involvement in the group particularly that of Volunteer Service Managers and staff with responsibility for volunteering, staff working with volunteers, volunteers and lay members, and Patient Focus and Public Involvement staff. Respondents envisage the group having a role to facilitate sharing of best practice and to lobby decision makers on behalf of volunteering.

Summing up of findings

Finally to sum up the findings of the review, it appears that the strategy and its implementation have done a great deal to encourage and support the development of volunteering within the NHS in Scotland.

Awareness and acceptance of volunteering has increased at both the senior management and front line staff levels, although it appears that the impact of the strategy itself has been greatest on raising awareness and acceptance by senior managers. Investing in Volunteers has been the impetus behind an increased

awareness and acceptance of volunteering by front line staff. There are areas within Boards where staff are not accepting of volunteers and the main issue appears to be concerns among some staff that volunteering equates to job substitution. The current economic climate and cuts to public sector budgets appear to be exacerbating staff fears of being replaced by volunteers.

There are concerns that the strategy has put too much of emphasis on increasing volunteer numbers and that this may be at the expense of quality volunteer placements.

The effectiveness of volunteers' contributions to health service delivery has been improved at Board level, although it is not possible from the review to define effectiveness or to measure it.

The area in which Boards are able to demonstrate the most significant improvements in volunteering over the past three years is volunteer management policy and practice. This has been manifest by the reported increase in the number and diversity of volunteers, and in the range of volunteer opportunities available to the public.

There are challenges arising from this success. Namely, how to manage the strain on existing capacity, resources and structures to support increasing numbers and diversity of volunteers; the need for consistency in application of volunteer management policy and practice within and across Boards; and how to manage concerns regarding job substitution.

The target of all Boards achieving Investing in Volunteers status by March 2011 is highly likely to be met. Boards have structures and groups in place to drive volunteering forward and to monitor progress with the implementation of action plans leading towards the reassessment of Investing in Volunteers status in the next few years.

The positive contribution of the National Action Group is recognised by Boards and its outputs have been helpful in providing direction, guidance and encouraging consistency in application of volunteer management policies and practices. There is a desire for a national group on volunteering to continue to drive volunteering at the strategic level and to support volunteer development at the local level through facilitating the sharing of good practice. Such a group requires to have a clear role and its remit should be communicated throughout the NHS in Scotland. Membership of the group should reflect its role and remit. The majority of Boards would like its membership include more staff with responsibility for volunteering and Patient Focus and Public Involvement, and volunteers and lay members.

At individual level Boards are of the opinion that they have progressed well towards meeting the requirements of the strategy and that there is still more to be achieved. Not all Boards felt able to comment on the extent to which NHSScotland as a whole has met the strategy. Those that did are of the opinion that progress has been good, particularly around the achievement of Investing in Volunteers but that there is still much to be done.

Views were mixed about the proposed model of support for Boards: the Project Manager post. Although half of those surveyed support the idea among them there are concerns that the role is vast and that it may be too big for one individual. There is support among Boards that do not agree with the Project Manager post for a national role, but there is no consensus regarding what the form the role might take.

Appendix 1 - Questionnaire

1.

1. NHS Board name?

2. Special Board or Territorial?

jn Special

jn Territorial

3. Do you believe that the strategy has increased awareness and acceptance of volunteering by front line staff?

	Yes	No	Not sure
Increased awareness	jn	jn	jn
Increased acceptance	jn	jn	jn

Why do you say this? (comments for each of the above answers)

4. To the best of your knowledge, has the quantity and diversity of volunteers in your Board increased? To what extent?

	Yes	No	Not sure
Has quantity of volunteers increased?	jn	jn	jn
Has diversity of volunteers increased?	jn	jn	jn

If it has increased to what extent (rough proportion) and any additional comments for each of the above

5. Do you feel your Board has improved the effectiveness of volunteers' contributions to health service delivery? Why do you say this?

jn Yes

jn No
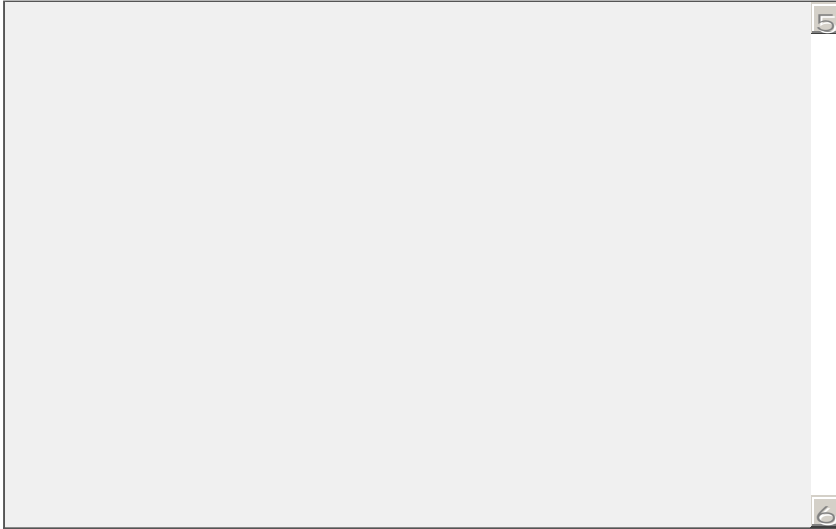
jn Not sure

Why do you say this?

6. In which areas do you believe you are able to demonstrate the most significant improvement in volunteering over the last three years?

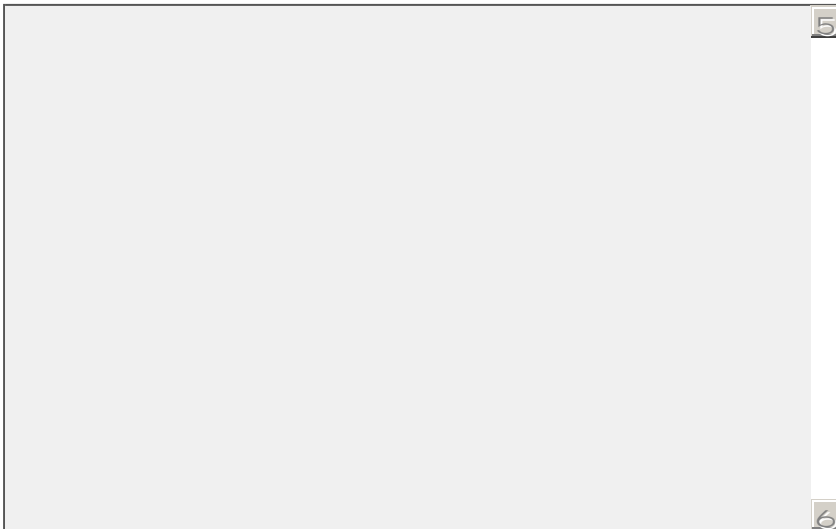**7. What have been the main challenges the strategy has presented over the last three years?**

8. Has your Board achieved IiV or likely to do so by March 2011?

- Yes, achieved IiV (goto Q9)

- Will be achieved by March 2011 (goto Q9)

- No, not achieved IiV and not likely to do so by March 2011 (goto Q10)
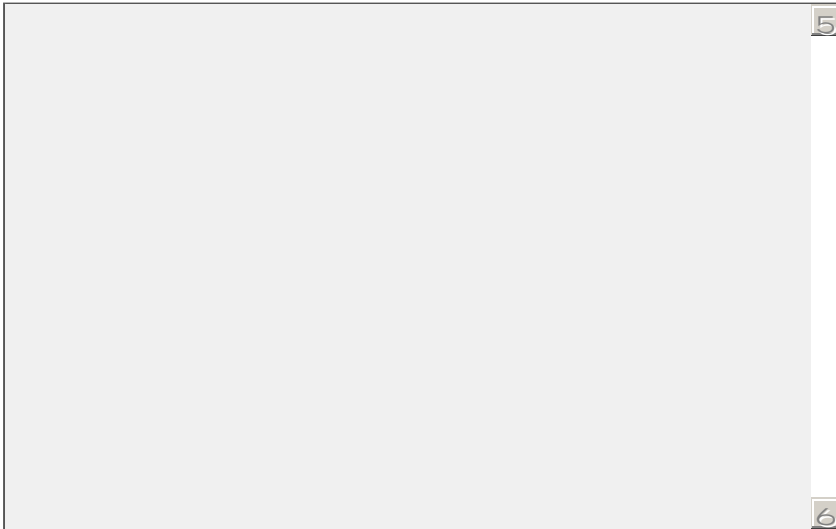
2.

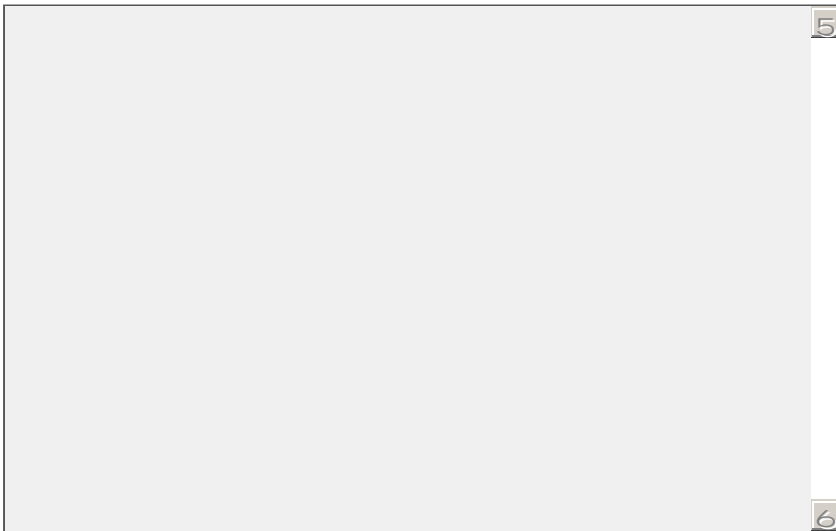**9. How does your Board plan to monitor and maintain this award?**

Appendix 1 - Questionnaire

10. What still needs to be done to achieve the award and when is this likely? How do you plan to monitor and maintain this award status once it is achieved?

11. What are the key challenges your Board faces with respect to volunteering in the next two years?

12. How helpful did you find the outputs from the National Action Group when progressing the volunteering agenda in your area?

⌃ Very helpful

⌃ Helpful

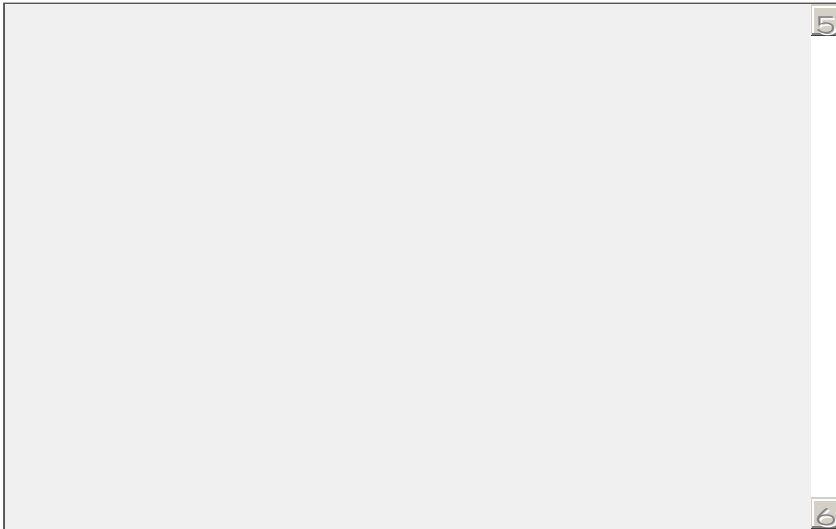⌃ Neither helpful nor unhelpful

⌃ Unhelpful

⌃ Very unhelpful

Why do you say that?

13. In your opinion, what specific role could this group play in the future that would be of assistance in your area?

14. If the membership of this group were to be reviewed, which practitioner representatives do you believe should be involved? (Titles only please)

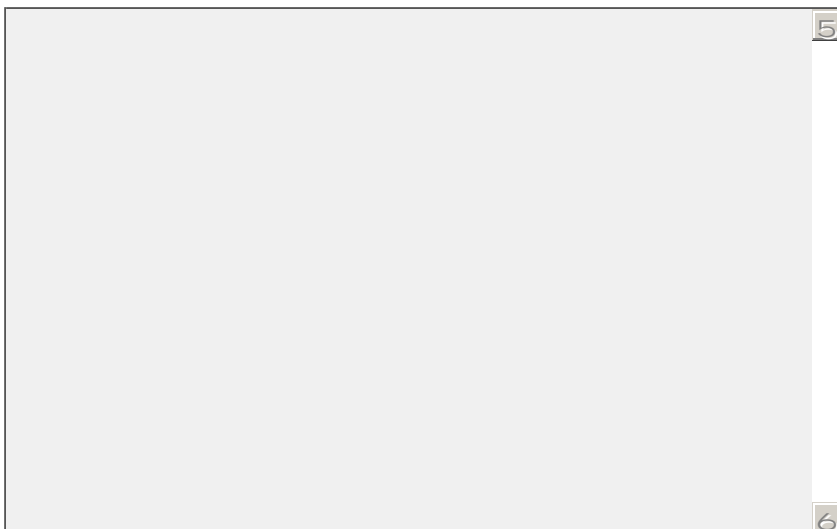**15. Based on your experience over the last 2-3 years to what extent has**

a) Your NHS Board

b) NHS Scotland as a whole

met the Refreshed Strategy on Volunteering on a scale of 1 -10, where 1 is little or no progress towards the strategy and 10 is the strategy has been met fully.

	1	2	3	4	5	6	7	8	9	10
Your NHS Board	○	○	○	○	○	○	○	○	○	○
NHS Scotland as a whole	○	○	○	○	○	○	○	○	○	○

Why do you say this?

16. Do you agree that this would be an acceptable model of support for Boards for the next two years?
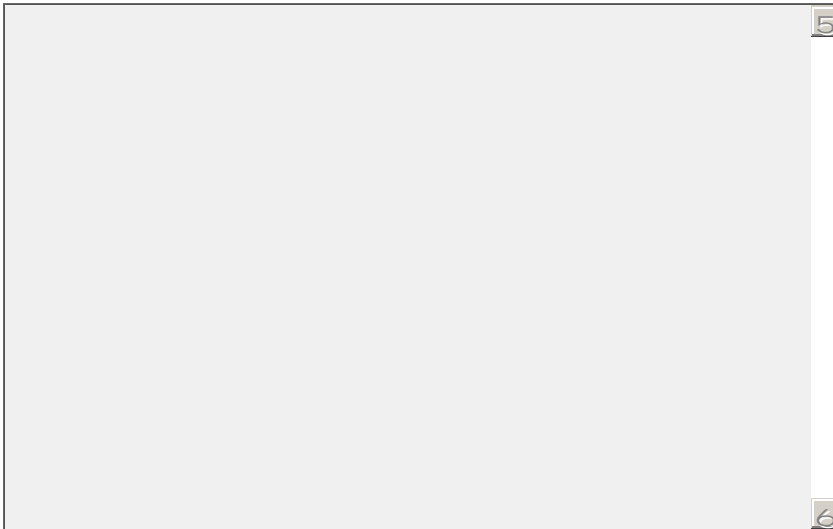
If no, please offer suggestions for an alternative approach.

jn   Yes

jn   No

jn   Not Sure

If no or not sure, please offer suggestions for an alternative approach.

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- বড় হরফে
- অডিও টেপ বা সিডি-তে
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- অন্যান্য ভাষাতেও জানাতে পারি

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