Healthcare Improvement Scotland

Volunteering in NHSScotland

Evaluation of progress with the Volunteering Programme for NHSScotland

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Executive Summary

REVIEW OF VOLUNTEERING IN NHSSCOTLAND

At the request of the Scottish Government and on behalf of the National Group for Volunteering in NHSScotland, the Scottish Health Council was asked to conduct a review exercise to capture the progress that has been made in the area of volunteering in the NHS in Scotland, from November 2011 to March 2014. The aim of the evaluation was to:

    (a) understand the progress NHS Boards have made in trying to achieve NHSScotland's national volunteering outcomes, (See page 8 of this Executive Summary for the outcomes)

    (b) assess the contribution the creation of a national programme manager role for Volunteering in NHSScotland has made to the progress made by Boards, and

    (c) help determine the future direction and level of support needed to maintain standards and further develop NHSScotland's Volunteering agenda.

This review was carried out by the Scottish Health Council who commissioned LMB Consultants to conduct the analysis of the data collected and to report on the findings.

METHODOLOGY

Scottish Health Council local office staff undertook the data collection for the review via semi-structured interviews with key staff in NHS Board areas using a short questionnaire with a set of closed and open ended questions. The fieldwork took place from July to mid-September 2014. The full interview schedule is to be found as Appendix 1 of the Final Report.

Questions relate to the following headings:

1. Awareness and acceptance of volunteering by front line staff
2. Effectiveness of volunteers' contributions
3. Improvements in volunteering
4. Volunteering opportunities in future
5. Key challenges
6. Improving patient and volunteer health
7. Investing in Volunteers
8. Additional information

For the purpose of the analysis, the responses from participating NHS Boards and key personnel were categorised according to whether the Board/Service is patient facing or non-patient facing and then by the nature of the respondents' post.

Nineteen of the 22 Boards (86%) participated in the review. There were a total of 32 responses from the 68 people who participated in the review. The full breakdown of the respondent categories is shown in Table 1 along with the number of responses for each.

Table 1: Categories for analysing data

Patient facing Board/Service	Number of Responses	Non-patient facing Board/Service	Number of Responses
Volunteer Service Manager	6	n/a	-
Volunteer management part of role	5	Volunteer management part of role	2
Nominated Strategic Lead	11	Nominated Strategic Lead	3
Joint response (e.g. from Nominated Strategic Lead and Volunteer Service Manager)	5	n/a	-
Total	**27**		**5**

FINDINGS

1. Awareness and acceptance of volunteering by front line staff

Summary: there is total agreement among respondents that their NHS Boards have increased awareness and acceptance of volunteering. The leadership role of the National Programme Manager, National Group for Volunteering, and the championing of volunteering by local Boards, Nominated Strategic Leads, Volunteer Service Managers and other staff are all contributory factors. This concerted effort has resulted in the progression of volunteering within NHSScotland. Development of the infrastructure for volunteering, including input and outputs from the National Programme for Volunteering, new and existing Volunteer Service Manager posts, and Investing in Volunteers, has led to improved volunteer management practice. There is room to expand volunteering, to skill-up staff in volunteer management, particularly around supporting volunteers, to have clarity on what is and what is not a volunteer role, and to keep volunteering as a priority.

2. Effectiveness of volunteers' contributions

Summary: there is agreement among respondents that the NHS Boards participating in this review have improved the effectiveness of volunteers' contributions to their organisation. This assertion was supported by evidence and examples which identifies some common factors that contribute to this improved effectiveness. Factors included increased development of volunteer management practices; the Volunteer Service Manager role providing direct volunteer support services and a focus for strategic development of volunteering; the National Programme for Volunteering providing opportunities for networking, shared learning, guidance, and resources, and providing a national perspective and driver for volunteering developments, improvements and change across Boards. The role of evaluation and measuring volunteer input was identified as important for being able to show improvement in volunteer effectiveness.

3. Improvements in volunteering

Summary: there have been significant improvements in volunteering across all NHS Boards in the last 2-3 years, and that for most Boards these improvements have been supported by the National Programme for Volunteering. Key volunteering improvement areas are the increased commitment to and higher profile of volunteering across Boards at all levels, improved volunteer practices, and improved volunteer and patient experiences. The National Programme for Volunteering has supported these improvements by providing national strategic direction and direct practical support and guidance.

4. Volunteering opportunities in future

Summary: It is clear from the study that there is significant future potential for developing volunteering across the NHS. Most notably there is high potential for developing new volunteer roles and models that build on existing practice and introduce innovative ways for involving volunteers. Many of these new roles link direct hospital volunteering and community-based volunteering. NHS Boards also highlighted a need to consolidate existing improvements and sustain the quality of volunteer practice as a strong foundation on which new developments can thrive. There is also potential for increased partnership working with key agencies.

5. Key challenges

Summary: The key challenges facing NHS Boards can be summarised as the capacity of staff to manage and retain volunteers effectively in a climate of efficiency measures and in environments where resistance to volunteers still exists due to staff concerns about the role of volunteers, and external competition from other volunteer-involving organisations. The impact of the integration of health and social care on volunteering is an unknown quantity. Boards want the current model and type of support to be continued. There is an ongoing demand for sharing best practice and networking opportunities, for staff training and resources in volunteer management, and a call for more consistency of approach to volunteering in NHSScotland. There is an appetite for more learning and development of evaluation skills in order to demonstrate the impact of volunteering on patient experience and on volunteers, and a need for baseline data to monitor and evaluate progress with volunteering.

6. Improving patient and volunteer health

Summary: According to respondents, volunteering has a significant impact on both the patient experience and also volunteer health and wellbeing across all areas of the NHS in Scotland. Volunteers have a very significant impact on the patient experience in a wide range of ways from contributing to standards, processes and service development to direct, practical support. Volunteers benefit from a range of services available to them from Occupational Health to use of fitness facilities. The impact of volunteering on the patient experience and on the health and wellbeing of volunteers could benefit further from evaluation to ensure that the 'voices' of these important stakeholders are captured.

7. Investing in Volunteers

Summary: Whilst there were mixed views on Investing in Volunteers, overall the process is considered to be positive, improves the quality of volunteering and most NHS Boards see value in continuing to hold the standard. However there is room for a review of the Investing in Volunteers Standards to ensure that they do not fall behind current best practice and offer stretch to those Boards who have well developed volunteering services. There is also room to review how the process is implemented within the NHS.

8. Additional Information

Summary: Many wide-ranging themes emerged from the analysis of this question. The majority related very positively to the National Programme Manager and the National Programme. Comments also covered, volunteering in the community, health and social care integration, disclosure, response to future challenges, shortage of volunteer co-ordinators and volunteers, Investing in Volunteers, and overlap in standards.

CONCLUSIONS

The findings of this review suggest strongly that progress has been made. The conclusions are presented under the aims of the evaluation of the National Programme for Volunteering in NHSScotland.

Aims

- **To understand the progress NHS Boards have made in trying to achieve NHSScotland's national volunteering outcomes.**

It has not been possible to quantify the progress made, however, there is evidence from NHS Boards that they and the National Programme are contributing towards the achievement of the national outcomes for volunteering in NHSScotland. A summary of the progress achieved is presented in Table 2.

Table 2: National Programme for Volunteering in NHSScotland Table of Outcomes and Evidence

Key: * Achieving outcome   ** Progress with outcome   * No progress**

National Outcomes	Progress	Comment

1. Volunteering contributes to Scotland's health by
    a. Enhancing the patient experience
    b. Providing opportunities to improve the health and wellbeing of volunteers themselves
	***
	
	***
		Evidence that volunteering is enhancing the patient experience and helping to improve the health and wellbeing of volunteers.

2. The infrastructure that supports volunteering is developed, sustainable and inclusive.	*** ** **	Progress with development of infrastructure. Sustainability dependent on further investment. Some evidence of inclusiveness, equalities data required.
3. Volunteering and the positive contribution it makes is widely recognised with a culture which demonstrates its value across the partners involved.	**	Progress made, more acceptance of volunteers required.

- **To assess the contribution the creation of a National Programme Manager role for volunteering in NHSScotland has made to the progress made by NHS Boards.**

Significant improvements in volunteering across all NHS Boards have been made in the past three years, and for the majority of Boards these improvements have been supported by the National Programme for Volunteering. Boards report the significant value in having one national role providing leadership to volunteering and the subsequent influence that this has had on raising awareness and acceptance of volunteers, providing guidance, information and support.

- **Help determine the future direction and level of support needed to maintain standards and further develop NHSScotland's volunteering agenda.**

The support over the past three years has provided a sound infrastructure on which to develop volunteering within NHSScotland and in local communities. Findings suggest that there is room and an appetite to develop volunteering, improve assessment and evaluation, and that NHS Boards have a need for more of the same type of support for volunteering. The National Programme Manager and dedicated Volunteer Service Manager posts are seen as key to maintaining standards and developing volunteering.

RECOMMENDATIONS STEMMING FROM THE EVALUATION OF THE PROGRAMME

- Continue the National Programme and post of Programme Manager.
- Continue to offer the same type of support and training yet tailor it to meet the needs of individual NHS Boards which are at different stages in their development of volunteering.
- Consider offering more training and support to NHS Boards to help develop evaluation skills.
- Continue to develop the Volunteering Information System and use it to establish a baseline against which progress with volunteering can be tracked and measured.
- Consider involving all stakeholders in any future evaluation of volunteering in NHSScotland.
- Consider the role for the Programme Manager to help champion volunteering in the integration of health and social care.
- Consider building links with the Third Sector to share practice, learning and access generic training.
- Consider the use of Investing in Volunteers and how the development of volunteering can be measured once attained.

Full report

1. INTRODUCTION

Background

The aim of the three year Refreshed Volunteering Strategy[1] and action plan issued in February 2008 was to achieve consistently high quality approaches to volunteering across NHSScotland and to maximise the benefits volunteering brings to patients, users, carers, NHS staff and the volunteers themselves.

Following an evaluation of the refreshed strategy in 2011, and in recognition that a level of continuing national support would be beneficial to the further development of volunteering, a National Programme Manager[2] was appointed at the end of October 2011. The role of the Programme Manager was to provide transitional support and ensure that consistent standards were maintained and that NHS Boards continued to build on progress. Hosted by the Scottish Health Council and initially funded for two years this post was later extended to 31 March 2015.

The National Group for Volunteering[3], led by Sandy Watson, Chair NHS Tayside, and supported by the National Programme Manager, continues to provide national leadership and to oversee the development of the volunteering agenda.

Outcomes of NHSScotland's Volunteering Programme

The key outcomes set by NHSScotland's Volunteering Programme are:

Outcome 1: Volunteering contributes to Scotland's health by
- enhancing the quality of the patient experience, and
- providing opportunities to improve the health and wellbeing of volunteers themselves.

Outcome 2: The infrastructure that supports volunteering is developed, sustainable and inclusive.

Outcome 3: Volunteering, and the positive contribution it makes, is widely recognised, with a culture which demonstrates its value across the partners involved.

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[1] http://www.sehd.scot.nhs.uk/mels/CEL2008_10.pdf

[2] http://www.scottishhealthcouncil.org/patient__public_participation/volunteering_in_nhsscotland/idoc.ashx?docid=029ed785-46f0-4980-afc6-9a51f5d94234&version=-1

[3] http://www.scottishhealthcouncil.org/patient__public_participation/volunteering_in_nhsscotland/national_group.aspx

Review of Volunteering in NHSScotland

At the request of the Scottish Government and on behalf of the National Group for Volunteering in NHSScotland, the Scottish Health Council was asked to conduct a review exercise to capture the progress that has been made in the area of volunteering in the NHS in Scotland, from November 2011 to March 2014. The aim of the evaluation was to:

a. understand the progress NHS Boards have made in trying to achieve NHSScotland's national volunteering outcomes,
b. assess the contribution the creation of a national programme manager role for Volunteering in NHSScotland has made to the progress made by NHS Boards, and
c. help determine the future direction and level of support needed to maintain standards and further develop NHSScotland's Volunteering agenda.

This review was carried out by the Scottish Health Council who commissioned LMB Consultants to conduct the analysis of the data collected. This is the report of the findings, conclusions and recommendations from this analysis.

2. METHODOLOGY

Data collection

Scottish Health Council local office staff undertook the data collection for the review via face-to-face, semi-structured interviews with key staff in NHS Board areas. A short questionnaire, designed by the Scottish Health Council, was used at the interviews to capture views on a set of closed and open ended questions.

Questions relate to the following headings:

1. Awareness and acceptance of volunteering by front line staff
2. Effectiveness of volunteers' contributions
3. Improvements in volunteering
4. Volunteering opportunities in future
5. Key challenges
6. Improving patient and volunteer health
7. Investing in Volunteers
8. Additional information

See Appendix 1 for full interview schedule. The involvement of local office staff allowed for concurrent information gathering and reduced the time required for the fieldwork. The fieldwork took place from July to mid-September 2014. Local office staff entered the data collected into survey monkey for subsequent analysis and reporting by LMB Consultants (the contractor).

Data analysis

For the purpose of the analysis the responses from participating NHS Boards and key personnel were categorised according to whether the Board/Service is patient facing or non-patient facing and then by the nature of the respondents' post. For example, one category is patient-facing

Boards/Services with a Volunteer Service Manager post. Table 2 shows the full breakdown of categories.

Table 2: Categories for analysing data

Patient facing Board/Service	Non-patient facing Board/Service
Volunteer Service Manager	n/a
Volunteer management part of role	Volunteer management part of role
Nominated Strategic Lead	Nominated Strategic Lead
Joint response (e.g. Nominated Strategic Lead & Volunteer Service Manager)	n/a

Each response was allocated to one of the six categories and the data for each category analysed question by question. Quantitative data were analysed for frequency of responses. Qualitative data were analysed for common themes. The results for each question were written up and then compared to determine if there were differences between the views of each respondent category.

Survey participants and Response rate

Of the 22 Boards in Scotland, 17 are patient facing and five are non-patient facing. Nineteen of the 22 Boards (86%) participated in the review. There was a total of 32 responses from the 68 people who participated in the review. Interviews took place with individuals, at team and steering group meetings, and at specially arranged focus groups. All participants are paid staff with responsibility for volunteering, a factor that should be borne in mind when reading this report. The number of responses per category is presented in the analysis matrix Table 3 below.

Table 3 Numbers of responses in each category

Type of Board	Volunteer Service Manager post (s)	Volunteer management part of role	Nominated Strategic Lead	Joint response
Patient facing Board/Service	6	5	11	5
Non-patient facing Board/ Service	No Boards/Services in this category	2	3	No Boards/Services in this category

Reporting

The results for each question are reported on along with a commentary on the similarities and dissimilarities between the categories. The report draws conclusions on the extent to which the National Programme has contributed to the anticipated outcomes set for it, and makes recommendations for consideration by the Scottish Health Council and the National Group for Volunteering.

3. RESULTS AND FINDINGS

This section reports the results and findings from the analysis of the data under the main question headings. See Appendix 2 for further breakdown of results by category.

3.1 Awareness and acceptance of volunteering by front line staff

Summary: there is total agreement among respondents that their NHS Boards have increased awareness and acceptance of volunteering. The leadership role of the National Programme Manager, National Group for Volunteering, and the championing of volunteering by local NHS Boards, Nominated Strategic Leads, Volunteer Service Managers and other staff are all contributory factors. This concerted effort has resulted in the progression of volunteering within NHSScotland. Development of the infrastructure for volunteering, including input and outputs from the National Programme for Volunteering, new and existing Volunteer Service Manager posts, and Investing in Volunteers, has led to improved volunteer management practice. There is room to expand volunteering, to skill-up staff in volunteer management, particularly around supporting volunteers, to have clarity on what is and what is not a volunteer role, and to keep volunteering as a priority.

This section asked respondents if they felt that their NHS Board had increased awareness and acceptance of volunteering amongst front line staff. Tables 4 and 5 illustrate that all respondent categories felt that their Board had increased awareness and acceptance of volunteering amongst staff.

Table 4 Numbers of responses in each category – awareness of volunteering

	Patient facing				Non-patient facing		
	Volunteer Service Manager	Volunteer Management part role	Nominated Strategic Lead	Joint response	Volunteer Management part role	Nominated Strategic Lead	Total
Yes	6 (100%)	5 (100%)	11 (100%)	5 (100%)	2 (100%)	3 (100%)	32 (100%)
No	0	0	0	0	0	0	0
Don't know	0	0	0	0	0	0	0

Table 5 Numbers of responses in each category – acceptance of volunteering

	Patient facing				Non-patient facing		
	Volunteer Service Manager	Volunteer Management part role	Nominated Strategic Lead	Joint response	Volunteer Management part role	Nominated Strategic Lead	Total
Yes	6 (100%)	5 (100%)	11 (100%)	5 (100%)	2 (100%)	3 (100%)	32 (100%)
No	0	0	0	0	0	0	0
Don't know	0	0	0	0	0	0	0

When asked for the reasons for their answer a third of respondents gave the same response for awareness and acceptance. This suggests that some respondents do not distinguish between these two aspects. An analysis of the narratives found little difference between the reasons for increased awareness and acceptance given by respondent categories. Many common themes emerged from the analysis. The main findings are:

- **Leadership, support, and investment** in volunteering at national and local level, the outputs from the National Programme for Volunteering, and the focus on good practice in volunteer management have resulted in increased awareness and acceptance of volunteering by front line staff.

- **Creation of dedicated Volunteer Services Manager roles** has led to increased awareness and acceptance of volunteers where prior to the new post volunteering lacked cohesion and staff were suspicious of it.

> "Some of the old myths have been done away with, e.g. that volunteers are unpaid staff and take the place of staff – so more opportunities are being created."
>
> (Patient Facing Joint Response)

- **Internal factors** such as communications, volunteer recognition events, Investing in Volunteers award events, and the physical presence of volunteers have all helped to raise awareness and acceptance of volunteers.

- **Recognition of added value,** front line staff are more likely to see the added value that volunteers bring to the service and many are working with Volunteer Service Managers and staff with responsibility for volunteering to increase the number of volunteers and to develop more volunteer roles.

> "We receive a lot less questions from staff and more approaches around volunteering coming into their ward/unit, there is more awareness of volunteers by staff and of what the volunteering role is."
>
> (Patient Facing Volunteer Service Manager)

- **Strong foundations,** the progress made in the past three years provides a strong foundation upon which to build in future. There are still pockets of resistance among front line staff and misunderstanding about the role of volunteers, especially in areas where there is little volunteer presence. Two separate responses from Volunteer Service Managers in the same NHS Board illustrate the patchy nature of the acceptance of volunteers.

> "No acceptance in my area of work." And "Yes, acceptance has definitely grown in the sector I work in – the passion is overwhelming."
>
> (Patient Facing Volunteer Service Manager)

- At a time of efficiency measures front line staff may feel threatened by the spectre of job substitution.

> "The challenge is to ensure that the skills are right for specific roles and not allowing volunteers to fill the gap of what should be funded positions."
>
> (Patient Facing Joint Response)

Respondents were asked how the support provided by the National Programme for Volunteering had helped contribute towards increased awareness and acceptance of volunteering. The general view was that the National Programme has contributed greatly to increased awareness and acceptance of volunteering at the national and local level and has been instrumental in supporting NHS Boards to progress volunteering.

> "If the national programme had not been there NHS [Board] may not have progressed with volunteering as much as they have."
>
> (Patient Facing Volunteer Service Manager)

One patient-facing NHS Board felt that the National Programme had not made any difference to the acceptance of volunteers. This view appears to stem from a perception that the message is not getting through, and that the bigger Boards have the resources needed to drive volunteering forward.

The outputs from the National Programme have supported improved communication, training, sharing of good practice, problem solving, networking and peer support. The guidance documents and the Volunteering Handbook in particular come in for praise, because they are shared, provide a consistent approach and are tailored to the needs of volunteer management in NHSScotland.

> "We have used guidance from the National Programme to develop out new volunteer roles. We have used national best practice to support our development."
>
> (Patient Facing Nominated Strategic Lead)

3.2 Effectiveness of volunteers' contributions

Summary, there is agreement among respondents that the NHS Boards participating in this review have improved the effectiveness of volunteers' contributions to their organisation. This assertion was supported by evidence and examples which identify some common factors that contribute to this improved effectiveness. Factors included increased development of volunteer management practices; the Volunteer Service Manager role providing direct volunteer support services and a focus for strategic development of volunteering; the National Programme for Volunteering providing opportunities for networking, shared learning, guidance, and resources, and providing a national perspective and driver for volunteering developments, improvements and change across Boards. The role of evaluation and measuring volunteer input was identified as important for being able to show improvement in volunteer effectiveness.

Respondents were asked if their NHS Board had improved the effectiveness of volunteers' contributions. Table 6 shows that nearly all respondent categories feel that their Board has improved the effectiveness of volunteers' contributions in their organisation. A small number of respondents felt that this was difficult to assess without having a clear baseline in place for assessing improvement.

Table 6 Numbers of responses in each category – improved effectiveness of volunteers' contributions

	Patient facing				Non-patient facing		
	Volunteer Service Manager	Volunteer Manage-ment part role	Nominated Strategic Lead	Joint response	Volunteer Manage-ment part role	Nominated Strategic Lead	Total
Yes	5 (100%)	4 (80%)	8 (73%)	5 (100%)	2 (100%)	3 (100%)	27 (87%)
No	0	0	0	0	0	0	0
Don't know	0	1 (20%)	3 (27%)	0	0	0	4 (13%)

When asked for the reasons for their answer respondents provided a wide range of evidence. It was clear that there was a range of views from the "confident and clear that there is an improved effectiveness of volunteering"; through the "getting started and introducing new systems"; to the "don't know, can't know and nothing in place to measure improvements".

There was also a slight variation in responses between the patient-facing categories and the non-patient facing categories albeit from a small number of respondents. This related to the non-patient facing responses referring to volunteer contributions from the perspective of public involvement panels. The patient-facing responses took a broader perspective on volunteering. It may be helpful to tease out more clearly the range of different types of volunteering in the NHS.

A number of common themes emerged from the analysis.

- **The increased development of volunteer practices** such as improved volunteer recruitment, selection and induction. There were also many examples of how new volunteer roles have been developed and how the use of role descriptors helps to clarify role, purpose and boundaries for everyone involved.

> "The 'mealtime helpers' role ran as a pilot, due to the success, it was then expanded to a 'full assistance' role - this gives clear boundaries/limits which are known by both staff and volunteers and contribute to the effectiveness of that role."
>
> (Patient Facing Volunteer Service Manager)

- **There was broad acknowledgement of the Volunteer Service Manager role.** As well as providing direct volunteer support services like volunteer training, the Volunteer Service Manager was also seen as a focus for the strategic development of volunteering right across the NHS Board, providing enthusiasm, consistency and support for new initiatives. There was also an indication that a number of new Volunteer Service Manager or co-ordinator posts have been created.

> "Having a volunteer co-ordinator has helped make the process of recruiting and managing volunteers a lot easier and it makes us more effective at working with volunteers."
>
> (Patient Facing Volunteer Service Manager)

> "Input from Volunteer Services Manager has increased effectiveness of volunteers' contributions (though there is no hard evidence available); (their) work to standardise recruitment, induction and ongoing training has increased volunteers' confidence."
>
> (Patient Facing Nominated Strategic Lead)

In addition, the Volunteer Service Manager role provided guidance and support to front line staff enabling them to engage confidently with volunteers across different departments. This seems to have led to a wider appreciation of volunteers by staff and the development of more innovative ways to involve volunteers with patients.

> "The Programme's promotion of different volunteering roles has given staff 'permission' to extend roles beyond the old ideas such as the (W)RVS and hospital radio. The more challenging roles for volunteers (front-facing activities) are more beneficial to patients, e.g. patient visiting."
>
> (Patient Facing Joint Response)

- **The role of evaluation and measuring volunteer input** was identified as important for being able to show improvement in volunteer effectiveness. For some this was problematical with no reference points or baselines currently available from which to measure improvement. For others there were examples of tracking, quantifying and mapping volunteer involvement to establish a 'local' base line. For others there were examples where volunteers were contributing to evaluation by collecting feedback from patients and informing service development. Evaluation is clearly an important area for evidencing and learning about volunteer involvement, but one that is less developed across NHS Boards.

Respondents were also asked how the support provided by the National Programme for Volunteering had helped contribute towards improved effectiveness of volunteers' contributions. The overall view of the National Programme for Volunteering was positive. A number of specific contributions were highlighted by respondents in all categories. These include:

- **Providing opportunities for networking, shared learning, guidance, and resources**. Specific shared volunteer tools were valued e.g. Volunteer Information System, Volunteer Toolkit. One respondent commented that these opportunities were particularly important where Volunteer Service Managers are in isolated roles within NHS Boards.

> "The previous national/regional network events didn't achieve much and were just talking shops. Now these events identify issues, assign ownership to topics and give a forum for sharing practice. These events were now 'owned' by the Volunteer Service Managers."
>
> (Patient Facing Volunteer Service Manager)

- **Providing a national perspective and driver,** for volunteering developments, improvements and change across NHS Boards.

> "The programme has strengthened (the Board's) accountability. The direction of travel is more obvious now. The programme is helping us to measure added value of volunteering."
>
> (Patient Facing Nominated Strategic Lead)

> "The clarity which is being provided nationally supports us locally providing consistency and synergy across our large Board area."
>
> (Patient Facing Joint Response)

- **Tailored support,** respondents also appreciated the specific input and support provided to meet the individual needs of NHS Boards. This point also underlines that Boards are not all at the same stage of volunteer development and/or are a special Board or organisation with different needs. For some Boards, it was felt that there had been limited contribution from the National Programme which may be due to being geographically remote, or more experienced Boards drawing more on local expertise.

3.3 Improvements in volunteering

Summary, it is clear that there have been significant improvements in volunteering across all NHS Boards in the last 2-3 years, and that for most Boards these improvements have been supported by the National Programme for Volunteering. Key volunteering improvement areas are the increased commitment to and higher profile of volunteering across Boards at all levels; improved volunteer practices and improved volunteer and patient experiences. The National Programme for Volunteering has supported these improvements by providing national strategic direction and direct practical support and guidance.

This section of the review asked respondents about which areas they believed their NHS Board could demonstrate significant improvements in volunteering over the last 2-3 years.

> "More volunteers are doing more things."
>
> (Patient Facing Nominated Strategic Lead)

This quote seems to capture the essence of the improvements in volunteering as reported across all categories.

A number of key volunteering improvement areas can be identified as follows:

- **Increased commitment, higher profile and awareness of volunteering across NHS Boards at all levels.** This was evidenced through increased investment in resources to support volunteering, an increased number of Volunteer Service Manager posts, and increased strategic links with volunteering embedded within Board policy and plans. Volunteer Service Managers described a higher profile and recognition of the role, and broadly there was a greater staff awareness and acceptance of volunteers. In some Board areas local Volunteer Development Groups had been set up to provide better support for staff.

> "Volunteering now no longer hidden and awareness of the changing volunteer role has increased. Volunteering is now very much on the agenda, although not always a priority."
>
> (Patient Facing Volunteer Service Manager)

> "We are now much more joined up across the service. Before we developed our Network, the peer support for volunteer managers was less structured, now the network is more strategic with information sharing now a two-way process."
>
> (Patient Facing Joint Response)

- **Improved volunteer practices** were a consistent indicator of improved volunteering. This was illustrated through a range of practice examples including revised policy, wider use of role descriptions, better targeting of recruitment, and the use of volunteer guidelines and handbooks. Diversity and equalities were significant especially where a Public Partnership Forum wanted to reflect a more representative group, and one NHS Board had successfully equality impact tested its volunteer programme. Investing in Volunteers was highlighted as a useful national framework

and reference point for guiding good practice. It was also seen as a tool for demonstrating improvements in volunteering especially to Boards.

> "There is consistency and assurance for volunteers and this is encouraging for volunteers. We now focus on the quality as opposed to the quantity. (It is) now easier to recruit and manage volunteers via creating better protocols and guidance booklets."
>
> (Patient Facing Volunteer Service Manager)

> "The processes for volunteer Recruitment, Appointment and Induction have resulted in a more consistent approach, where [Board] has adopted a national approach whereas before volunteering was managed in pockets where managers were all doing different things. The Investing in Volunteering standard process has designed this out and has given a national framework."
>
> (Non-Patient Facing Nominated Strategic Lead)

- **Improved volunteer experiences** are a direct result of better volunteer practices. NHS Boards identified positive feedback collected from volunteers acknowledging for example better communications with staff. In addition, a number of volunteer groups have been set up to ensure that volunteers have a say in the services that they are involved with and volunteer services become part of Board infrastructure.

> "The local office focus groups across Scotland have been an improvement which allows volunteers across all Board areas to give their voice to national policy initiatives."
>
> (Non-Patient Facing Nominated Strategic Lead)

> "Volunteer Forum established with Non-executive Board member chairing and representatives from various staff teams. This Forum is now part of the Boards infrastructure and governance."
>
> (Patient Facing Nominated Strategic Lead)

- **Improved patient experience** is an important outcome or a result of improved volunteering. In this section this was highlighted by the Patient-facing Nominated Strategic Lead category, but the extensive development of new volunteer roles and initiatives based on patient needs, and increased numbers of volunteers all contribute to improved patient experience.

> "Patient experience – we now have a visiting service in main hospitals and care homes, particularly the NHS-run care homes, which has brought improvements in terms of person-centredness and communication. We've realised that some care home residents have few visitors, perhaps because people live far away from families and this service can have a considerable positive impact on their health and wellbeing."
>
> (Patient Facing Nominated Strategic Lead)

Respondents were asked if the support from the National Programme for Volunteering helped with these improvements. The results in Table 6 show the overall view of the National Programme for Volunteering was positive, and that it had played a significant role in supporting the NHS Board improvements described above. Some negative views have also been expressed. These have not all been explained. There did seem to be one inference that the National Programme, whilst not contributing directly to local action, has served as a vehicle for driving improvements and change by Boards. For one Board there was a negative response which may benefit from further exploration by the National Programme Manager.

Table 7 Numbers of responses in each category – support from the National Programme and improved effectiveness of volunteers' contributions

	Patient facing				Non-patient facing		
	Volunteer Service Manager	**Volunteer Manage-ment Part Role**	**Nominated Strategic Lead**	**Joint Response**	**Volunteer Manage-ment Part Role**	**Nominated Strategic Lead**	**Total**
Yes	100% (6)	40% (2)	91% (10)	60% (3)	100% (2)	67% (2)	78% (25)
No	0	20% (1)	0	40% (2)	0	0	9% (3)
Don't know	0	40% (2)	9% (1)	0	0	33% (1)	13% (4)

When asked to expand on their answers, respondents' comments highlighted two key factors or ways in which the National Programme contributes towards local improvement.

- By providing national strategic direction for the local development of volunteering.

> "The National Programme helped the organisation to talk more about volunteering and legitimise the opportunity of volunteering."
>
> (Patient Facing Volunteer Service Manager)

> "Support is consistent and available. Volunteering is now on the agenda - the national agenda is driving improvement."
>
> (Non-Patient Facing Volunteer Management Part Role)

- By providing direct practical support and guidance to develop volunteering across NHS Boards. In addition, the collaborative and peer sharing approach used within the National Programme for Volunteering has encouraged ownership and engagement: sharing resources, tasks and expertise.

> "The sharing and learning was very useful in helping the group develop and improve. Having access to a wider volunteer network to compare experiences with other Board volunteers was vital to improvement."
>
> (Non-Patient Facing Nominated Strategic Lead)

> "(It was) easier to recruit and manage volunteers thanks to the protocols. All of the improvements demonstrated by the Board were with the support of the National Programme."
>
> (Patient Facing Volunteer Service Manager)

> "There are opportunities for sharing best practice through involvement with the National Programme. Usage of the Knowledge Network enables all Boards to look for and share 'Best Practice Models'. The Programme Manager is a 'Knowledge Network' himself, as his role acts as a facilitator of identifying common themes, interests, or signposting to examples of 'Best Practice'. If I was a volunteer, I feel that knowing about the focus of the National Programme would give me a sense of value."
>
> (Patient Facing Joint Response)

3.4 Volunteering opportunities in future

Summary,

It is clear from the study that there is significant future potential for developing volunteering across the NHS. Most notably there is high potential for developing new volunteer roles and models that build on existing practice and introduce innovative ways for involving volunteers. Many of these new roles link direct hospital volunteering and community-based volunteering. NHS Boards also highlighted a need to consolidate existing improvements and sustain the quality of volunteer practice as a strong foundation on which new developments can thrive. There is also potential for increased partnership working with key agencies.

This question asked respondents what they saw as the key volunteering opportunities for development in their NHS Board in the next few years. This question generated many potential development areas across all categories.

A number of common future development themes can be identified.

- **Developing new volunteer roles and new models of volunteering** that build on existing practice and introduce innovative ways for involving volunteers. Many of these new roles link direct hospital volunteering and community-based volunteering. The following examples illustrate innovation and wider community links.

> "ChildSmile Volunteers who help the oral health department carry out tooth brushing and fluoride varnish programmes in nurseries and schools."
>
> (Patient Facing Volunteer Service Manager)

> "Recruiting members of the public to gather feedback from service users and carers to identify areas for service improvement."
>
> (Patient Facing Volunteer Service Manager)

> "Listening project, which is a telephone support service for newly discharged patients supporting people in the community rather than hospital."
>
> (Patient Facing Volunteer Service Manager)

> "'Real time' feedback has been carried out by volunteers in wards."
>
> (Patient Facing Joint Response)

> "There is an opportunity to use volunteers to support the early discharge of patients/avoid admittance to hospital through providing volunteer roles to support the social care element of the patient journey rather than an emergency response."
>
> (Patient Facing Nominated Strategic Lead)

> "The involvement of ten young people in full-time education in structured volunteering opportunities. Working with new technology, such as I-pads, our young volunteers will participate and contribute to gathering patient opinion data. We are confident that it will lead to subsequent generations/year groups of young people accessing volunteering through a structured pathway."
>
> (Patient Facing Joint Response)

Other future development themes included:

- **Exploring the benefits of volunteering for volunteers** including health and wellbeing, the potential of volunteering as work experience for accessing education and training courses, and the links to employability. This particularly relates to the involvement of young people as volunteers.

- **The need for increased partnership and collaboration with key agencies** especially in light of new health and social care arrangements. Agencies highlighted were NHS, social care, local authorities and Third Sector organisations.

- **The need to consolidate**, build on and sustain quality of volunteer practice highlights the foundation on which innovations can thrive. This includes increased recognition of the role and purpose of volunteers in the NHS; continued support for front line staff; and establishing of new Volunteer Service Manager roles as a key focus for developing services.

3.5 Key challenges

Summary.
The key challenges facing NHS Boards can be summarised as the capacity of staff to manage and retain volunteers effectively in a climate of efficiency measures and in environments where resistance to volunteers still exists due to staff concerns about the role of volunteers. The impact of the integration of health and social care on volunteering is an unknown quantity. Boards want the current model and type of support to be continued. There is an ongoing demand for sharing best practice and networking opportunities, for staff training and resources in volunteer management, and a call for more consistency of approach to volunteering in NHSScotland. The recent evaluation training sessions were very well received and there is an appetite for more learning and development of evaluation skills in order to demonstrate the impact of volunteering on patient experience and on volunteers. This finding supports the earlier one that Boards would like baseline data to monitor and evaluate progress with volunteering.

This section asked respondents for the key challenges facing their NHS Board in relation to volunteering in the near future and/or the type and level of support that they would find useful to support them with the challenges.

Most respondents regarded many of the internal and external challenges as applicable to both the national and local level. The Non-Patient Facing Nominated Strategic Lead group focused on national and local challenges. The key challenges for volunteering are consistent across the respondent NHS Boards.

- **Internal and local challenges** can be summarised as the capacity of staff to manage and retain volunteers effectively in a climate of efficiency measures and in environments where resistance to volunteers still exists due to staff concerns about the role of volunteers.

- **Internal volunteer recruitment processes** are seen as bureaucratic and as having the potential to lose volunteers to other volunteer involving organisations which are perceived as being able to engage volunteers more quickly and offer more interesting roles.

- **The availability of volunteers** varies across NHS Boards with some reporting a shortage of volunteers with the right skills. Societal and demographic changes and the recession have brought another set of challenges. People are seeking volunteering opportunities that fit with their lifestyle and that augment their CVs. Volunteer managers are challenged with managing the diverse needs and motivations of volunteers whilst balancing this with the need for patient safety and patient focused care.

> "Responding to the level of flexibility that newer volunteers require – do not want to turn those people away who do not have regular time to give to volunteering."
>
> (Patient Facing Volunteer Service Manager)

- **The impact of the integration of health and social care** on volunteering is an unknown quantity.

> "Where does volunteering sit in the integration agenda?"
>
> (Patient Facing Volunteer Management Part Role)

There is a need to ensure that the standards for volunteering are consistent across health and social care.

> "There is not the same emphasis on volunteering in local authority as Third Sector and NHS. The challenge will be to make sure that volunteering in the integrated system is brought up to Third Sector and NHS standards."
>
> (Patient Facing Nominated Strategic Lead)

- **The assessment landscape within the NHS** is perceived as cluttered and with overlap. There is a perceived need to simplify and streamline processes and procedures to help improve efficiency and effectiveness of volunteering.

> "More reporting means less opportunity to work with communities against a background of making efficiencies. It would be good if the self-assessment requirement for Boards were streamlined."
>
> (Non-Patient Facing Volunteer Management Part Role)

Many of the current challenges are the same as those identified in the Review of Refreshed Strategy for Volunteering in NHSScotland[4], although it is clear that progress has been achieved by NHS Boards in the past three years with support from the National Programme. It is obvious from the responses that there is an overwhelming desire for continued support. When asked if any of the examples of support below would be useful, the majority of respondents said that they were all useful. Respondent categories which are known to work directly with volunteers, Patient Facing

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[4] Scottish Health Council and L. M. Baird (2011) Review of the Refreshed Strategy for Volunteering in NHS Scotland.

Volunteer Service Manager, Patient Facing Volunteer Management Part Role, Non-Patient Facing Volunteer Management Part Role, irrespective of whether their Board is patient or non-patient facing, indicated the most strongly that they would find the support helpful.

An analysis of the narrative to determine the frequency of positive responses for each type of support found the following results and are illustrated in Table 8.

Table 8 Numbers of responses in each category – type of support wanted from the National Programme

	Patient facing				Non-patient facing		
	Volunteer Service Manager	**Volunteer Manage-ment Part Role**	**Nominated Strategic Lead**	**Joint Response**	**Volunteer Manage-ment Part Role**	**Nominated Strategic Lead**	**Total**
Regional networking meetings	100% (6)	100% (5)	82% (9)	60% (3)	100% (2)	66% (2)	84% (27)
National networking meetings	83% (5)	80% (4)	73% (8)	80% (4)	100% (2)	66% (2)	78% (25)
Facilitation of the sharing of good practice	100% (6)	100% (5)	91% (10)	80% (4)	100% (2)	33% (1)	87% (28)
A regular electronic newsletter	100% (6)	80% (4)	73% (8)	60% (3)	100% (2)	33% (1)	75% (24)
Guidance and publications	83% (5)	80% (4)	64% (7)	40% (2)	100% (2)	33% (1)	66% (21)
Training and/or workshops	83% (5)	80% (4)	64% (7)	40% (2)	100% (2)	66% (2)	69% (22)
Local developmental/ implementation support	83% (5)	60% (3)	36% (4)	40% (2)	100% (2)	33% (1)	53% (17)
Support for delivering staff engagement sessions	83% (5)	80% (4)	55% (6)	20% (1)	100% (2)	33% (1)	59% (19)
Improvement planning sessions	66% (4)	60% (3)	36% (4)	40% (2)	100% (2)	33% (1)	50% (16)
Further development of Volunteering Information System	83% (5)	80% (4)	45% (5)	60% (3)	100% (2)	33% (1)	62% (20)

The most popular support is facilitation of sharing good practice and networking meetings. The least popular is improvement planning sessions and local development/implementation support. Some NHS Boards have received support with this aspect already, others said that they were not quite ready for it yet. This suggests that support needs are dependent on the stage of volunteer development in each Board. The time commitment to attend support sessions was a factor for Boards, particularly those in more remote and rural areas. There was a suggestion from one Board that perhaps networking meetings and training sessions could be combined to improve efficiency.

Respondents made suggestions for support under the headings **Guidance and Publications, Training and Workshops,** and **Local Developmental/implementation support**. Suggestions for Guidance and Publications and Training and Workshops were closely linked and are listed below.

- More training and support with evaluation, especially evaluating the impact of volunteering
- Co-production
- Volunteer Information System
- Volunteer management
    - Standardised volunteer application forms
    - Developing volunteer roles
    - Samples and templates of handbooks
    - Assurance systems
    - Leaflets on volunteer management for staff
    - Protecting Vulnerable Groups
    - Young internships
    - Core volunteer management skills
    - Engaging staff
- Risk assessment

Suggestions for local developmental and implementation support focused on the continuation of the current model, i.e. the continuation of the National Volunteer Programme and Manager's post.

Other suggestions for support can be summarised as: sharing practice with the Third Sector; Information Technology support for Volunteer Information System; a national, simplified volunteer recruitment process; a national pool of volunteers for NHS Boards working at the national level; use of social media; newsletter for volunteers; use of volunteer testimonials; a national conference; support to keep momentum going; lobby for dedicated money for volunteering; simplify assessment; training needs analysis of staff skills in volunteer management; making support more accessible to Boards in remote and rural areas.

3.6 Improving patient and volunteer health

Summary. Volunteering clearly has a significant impact on both the patient experience and also volunteer health and wellbeing across all areas of the NHS in Scotland. Volunteers have a very significant impact on the patient experience in a wide range of ways from contributing to standards, processes and service development to practical support. Volunteers benefit from a range of services available to them from Occupational Health to use of fitness facilities. These are the views of paid staff on the contribution that volunteering makes to the patient experience and the health and wellbeing of volunteers. Once again the impact of volunteering on the health and wellbeing of volunteers could benefit further from evaluation to ensure that the 'voices' of these important stakeholders are captured.

As illustrated in Table 8 there was strong agreement across all respondent categories that volunteering enhances the patient experience. The reasons given for the 'don't know' responses were that this had not been evaluated.

Table 9 Numbers of responses in each category – enhancing patient experience

	Patient facing				Non-patient facing		
	Volunteer Service Manager	Volunteer Manage-ment Part Role	Nominated Strategic Lead	Joint Response	Volunteer Manage-ment Part Role	Nominated Strategic Lead	Total
Yes	100% (6)	60% (3)	91% (10)	100% (5)	100% (2)	100% (3)	90% (29)
No	0	0	0	0	0	0	0
Don't know	0	40% (2)	9% (1)	0	0	0	10% (3)

Respondents indicated that volunteers enhanced the patient experience in two ways, indirectly and directly. Indirect influence was through volunteer contributions to standards and service development and to patient safety initiatives, whilst direct enhancement came from their engagement with patients. Patient-facing NHS Boards reported more widely on the direct influence of volunteering. A wide range of themes emerged from the analysis and these are presented below.

Direct contribution through providing services such as:

- giving advice to patients (e.g. finance and benefits)
- signposting services
- sitting and talking with patients
- helping patients to understand information given to them
- reducing patient anxiety by welcoming patients and helping them to find their way around
- helping patients to become involved in activities and social events, and
- supporting patients who have no visitors because of the distance from home.

Indirect contribution from volunteers should not be underestimated and can result in real changes for the patient experience.

> "We had one volunteer who questioned how things were done regarding mealtimes – patients ate their food by the side of their beds, rather than being taken through to the seated area…..patients are now offered the choice of whether to eat at a table or at their bed."
>
> (Patient Facing Nominated Strategic Lead)

Vital contribution, there were two particular areas where responses indicated that volunteers made a vital contribution: First Responders and on the islands. First Responders were identified as having a very significant impact – saving lives and by providing reassurance to patients and others through their calmness when involved with emergencies.

> "Volunteers within the service save lives – their input into the patient experience cannot be underestimated."
>
> (Patient Facing Volunteer Management Part Role)

Contribution in remote and rural location*, particularly on the islands, volunteers played a significant role in helping to combat social and geographic isolation both for patients and the service.

> "Likewise volunteers in many of the isles provide essential services such as putting out mobile landing lights for emergency evacuation aircraft, driving ambulances and providing other ancillary support to [the Board] and Scottish Ambulance Service."
>
> (Patient Facing Joint Response)

From the wide range of responses, there is clearly much opportunity through sharing ideas and best practice to continue to develop volunteering and further enhance the patient experience across the NHS in Scotland. As most evidence was anecdotal it would be important also to undertake a study of this area.

The study went on to explore the impact of volunteering on the health and wellbeing of volunteers. There was strong agreement across all respondent categories that volunteering enhances the health and wellbeing of volunteers. The reasons given for the 'don't know' responses were mostly due to lack of evaluation.

Table 10 Numbers of responses in each category – improving health and wellbeing of volunteers

	Patient facing				Non-patient facing		Total
	Volunteer Service Manager	**Volunteer Manage-ment Part Role**	**Nominated Strategic Lead**	**Joint Response**	**Volunteer Manage-ment Part Role**	**Nominated Strategic Lead**	
Yes	100% (6)	80% (4)	73% (8)	100% (5)	100% (2)	100% (3)	87% (28)
No	0	0	0	0	0	0	0
Don't know	0	20% (1)	27% (3)	0	0	0	13% (4)

When asked for the reasons for the improvement, responses indicated that volunteer health and wellbeing is influenced in two ways:

- through the provision of services to volunteers such as access to Occupational Health, counselling, Chaplaincy, flu jabs, and fitness facilities, and
- also as a result of their volunteering experience.

A wide range of common themes about the volunteer experience emerged from the analysis and these are presented below.

Personal development and employability. There was a consensus across all respondent groups that volunteering contributed to volunteers developing confidence and self-esteem, developing new skills, helping them into further education and employment, reduced isolation, and gives meaning and purpose to life.

> "Also, volunteers who are unable to work due to their disability feel that their volunteering duties give them a purpose and still feel that they are getting out of the house to do something positive."
>
> (Patient Facing Joint Response)

Mental and physical health benefits. Responses also indicated that volunteering can benefit those with both physical and mental health problems sometimes quite significantly as illustrated by the following quote:

> "A volunteer stated that taking on the volunteering role had saved his life."
>
> (Patient Facing Volunteer Service Manager)

Recovery. Some responses suggested that mental health, smoking cessation, addiction and cancer services, HIV peer support and Long Term Conditions all used volunteering to help patients as part of their recovery process.

3.7 Investing in Volunteers

Summary. Whilst there were mixed views on Investing in Volunteers overall the process is considered to be positive, improves the quality of volunteering and most NHS Boards see value in continuing to hold the standard. However there is room for a review of the Investing in Volunteers Standards to ensure that they do not fall behind current best practice and offer stretch to those Boards who have well developed volunteering services. There is also room to review how the process is implemented within the NHS.

More than half of the respondent categories considered that retaining the Investing in Volunteers Standard had a positive impact on staff and volunteers. Two out of the six reported that it had a neutral effect. Table 11 presents the findings.

Table 11 Numbers of responses in each category – Investing in Volunteers

	Patient facing				Non-patient facing		
	Volunteer Service Manager	Volunteer Manage-ment Part Role	Strategic Lead	Joint Response	Volunteer Manage-ment Part Role	Strategic Lead	Total
Positive	60% (3)	100% (4)	75% (6)	100% (5)	100% (2)	100% (3)	(85%) (23)
Neutral	40% (2)	0	25% (2)	0	0	0	15% (4)
Negative	0	0	0	0	0	0	0

This question provoked a diverse range of mixed views. When asked for the reasons, there was a range of responses given including positive, neutral and neutral to negative. The Patient Facing Volunteer Service Manager and Patient Facing Nominated Strategic Lead response categories, although recognising the positive impacts, reported more neutral and neutral to negative comments than other groups. Just over half of the Patient Facing Volunteer Service Manager group reported a positive impact. Many common themes emerged from the analysis and these are presented below.

- **Framework for review.** It is clear that Investing in Volunteers provides a national standard and benchmark for practice, gives a framework for review and drives improvement and development.

> "This gives a framework for ensuring best practice around managing volunteers."
>
> (Patient Facing Volunteer Service Manager)

- **Raises awareness and recognises volunteering.** Findings suggest that it also helps to provide focus, raised awareness of volunteering, whilst also valuing and recognising the work of both staff and volunteers.

> "Boosting staff and volunteers' morale, making volunteers feel more valued and increased understanding amongst staff of the role and remit of volunteers and how this can have a positive effect on patient experience."
>
> (Patient Facing Nominated Strategic Lead)

- **Process.** All the neutral or neutral to negative comments were associated with the experience of the process.

> "The process was intimidating for volunteers and required debriefing."
>
> (Patient Facing Volunteer Service Manager)

This would suggest that both the approach taken during re-accreditation and the process itself might benefit from review in the context of the NHS.

The study also explored the impact of retaining the Investing in Volunteers quality standard on the quality of volunteering. Responses to this question across all respondent groups were mostly positive in relation to the impact of the standard on the quality of volunteering. However, as before, the Patient Facing Volunteer Service Manager and Patient Facing Nominated Strategic Lead response categories, although recognising positive impacts, included more negative responses than other groups.

- **Benchmark.** Many of the responses echo those above that quality is improved through the national benchmarking process and the introduction of a culture of continuous improvement.

> "Leads to continual improvement which is led by the volunteers."
>
> (Patient Facing Volunteer Service Manager)

- **Improves quality.** Volunteering has also developed more quickly in some NHS Board areas as a result of the Investing in Volunteers Standard. Quality is also improved through more standardised and better processes in areas such as recruitment, support and training. Staff and volunteers now have better information and a clearer understanding of expectations. Responses also indicate that more notice is taken of the views of volunteers and that volunteering is also now more accessible to prospective volunteers. An increase in volunteer numbers was also reported.

> "Not least it has given us opportunities to celebrate and promote volunteering with staff and the wider community."
>
> (Patient Facing Joint Response)

- **Re-accreditation.** It was clear that NHS Boards are at different stages in the process with some still going through re-accreditation. This is in contrast to one response that highlighted that standards were already in place and that there was already an existing focus on quality improvement. However, the process was still valuable to them in ensuring that review of practice continued within a clear timescale.

- **Impact of Investing in Volunteers.** Not all respondents agreed that Investing in Volunteers had contributed to quality. Some perceived this to be a result of the National Programme on Volunteering whilst others viewed this as a result of the work of staff. The process did not work well for all roles and a number of respondents commented on the significant amount of work involved.

Respondents were asked what value was placed on NHS Boards continuing to hold the Investing in Volunteers Standard. Of the 32 responses to this question, the majority of response groups saw value in continuing to hold the Investing in Volunteers Standard. The Patient Facing Volunteer Service Manager and Patient Facing Nominated Strategic Lead response groups were the only groups to indicate that a small number of Boards saw no value in this.

The results are presented in Table 12.

Table 12 Numbers of responses in each category – value in holding the Investing in Volunteers Standard

	Patient facing				Non-patient facing		
	Volunteer Service Manager	**Volunteer Manage-ment Part Role**	**Nominated Strategic Lead**	**Joint Response**	**Volunteer Manage-ment Part Role**	**Nominated Strategic Lead**	**Total**
Value	60% (3)	100% (6)	82% (9)	80% (4)	100% (2)	100% (3)	84% (27)
No Value	40% (2)	0	9% (1)	0	0	0	10% (3)
Don't know	0	0	9% (1)	20% (1)	0	0	6% (2)

When asked for the reasons, there was a range of responses most of which were positive, however, there were also a small number of negative comments. The main themes to emerge from the analysis were:

- **The value of having a national standard** and benchmark, the development of consistent standards, culture of improvement, greater awareness of and development of volunteering.

> "It's important for our Board(s) to hold a recognised quality standard/award."
>
> (Patient Facing Joint Response*)*

- **Maintaining the standard** was also beneficial in demonstrating commitment to volunteering and in ensuring that as a result of a consistent approach to practice across all NHS Boards volunteers could expect a similar experience no matter where they volunteer.

> "It sends out a strong message about our organisation. It means that volunteers have an impact on Scotland's health and contribute to improving services."
>
> (Non-Patient Facing Nominated Strategic Lead)

- **Impact of Investing in Volunteers.** There was a view that Investing in Volunteers did not have any influence on the volunteering standards that were already in place.

> "I don't place any value at all on our NHS Board continuing to hold the Standard. Committed and enthusiastic staff members tend to give their very best to their role - trying to meet standards isn't going to improve this."
>
> (Patient Facing Volunteer Service Manager)

- **Proliferation of standards.** Concern was also expressed at the proliferation of standards within the NHS and about the ability to incorporate yet another one.

> "I would reiterate that along with the other self-assessment processes it is a very cluttered landscape."
>
> (Non-Patient Facing Volunteer Management Part Role)

- **Process of renewing Investing in Volunteers.** Respondents suggested that the Investing in Volunteers Standard has not kept up with current practice and that the process takes up scarce time and resources. One Board felt that, while there was value in the standard, there is no associated credibility in achieving it.

3.8 Additional Information

Many wide-ranging themes emerged from the analysis of this question. The majority related to the National Programme Manager and the National Programme. Comments also covered volunteering in the community, health and social care integration, disclosure, response to future challenges, shortage of volunteer co-ordinators and volunteers, Investing in Volunteers, and overlap in standards.

As previously highlighted in the report, respondents clearly recognise the contribution made by the National Programme Manager and the National Programme in contributing to the development of volunteering across NHSScotland. Respondents report the significant value in having one national role providing leadership to volunteering and the subsequent influence that this has had in raising awareness, providing consistent guidance, information and support. There was also significant praise for his approach. Findings suggest that NHS Boards view the continuation of this role as being necessary to future progress.

As before, outputs from the National Programme have been well received and are regarded as having contributed to improved consistency, communication, training, sharing of good practice, problem solving, networking and peer support.

> "Influencing skills and evaluation skills training has been very good-best support/training provided ever."
>
> (Patient Facing Volunteer Service Manager)

The role and influence of the Chair of the National Programme was also valued in raising awareness of volunteering at senior levels within NHS Boards and also within Scottish Government.

> "The Chair of the National Programme is passionate about volunteering and gives an inroad into the NHS Chairs meeting which has been really helpful."
>
> (Patient Facing Nominated Strategic Lead)

Other responses to this question covered a wide range of areas including the differences in managing volunteering within the community setting and the need to focus on this area, valuing the involvement of retired NHS staff and considering how to encourage more participation from this group.

> "We need to encourage more retired NHS staff to get involved in volunteering as they have many valuable skills that would be of benefit to the NHS e.g. following [Board's] Healthcare Associated Infection inspection report, NHS [Board] resurrected the Cleanliness Volunteers. Some of the volunteers are former nurses who have specific expertise and know where to look and identify flash points."
>
> (Patient Facing Nominated Strategic Lead)

Concern was also expressed about the impact of health and social care integration on volunteering in the NHS and the need to ensure that standards are not adversely affected.

Overall a strong theme emerging overall from respondent groups was the need for national leadership and the value of the National Programme in continuing to provide leadership to the continued development of volunteering across NHSScotland.

4. CONCLUSIONS

Evidence from this review demonstrates that according to the participants:

- NHS Boards have increased awareness and acceptance of volunteering amongst front line staff.
- NHS Boards have improved the effectiveness of volunteers' contributions.
- NHS Boards are able to demonstrate significant improvements in volunteering over the last 2-3 years.
- There are opportunities to develop volunteering within NHS Boards and local communities.
- There are challenges to be addressed and that NHS Boards value the support of the National Programme to help them develop volunteering.
- Volunteering is helping to improve the patient experience.
- Volunteering is helping to improve the health and wellbeing of volunteers.
- Investing in Volunteers is a valuable assurance framework for volunteering. However, the process uses scarce time and resources and how the standard fits with NHSScotland's volunteering programme could be improved. There may be potential to use Investing in Volunteers as a developmental tool particularly for reassessment of the Investing in Volunteer Standards.
- The National Programme and Manager have played an important leadership and support role at the strategic and operational level helping to drive forward the volunteering agenda.

In this section the conclusions are presented under the aims of the evaluation of the National Programme for Volunteering in NHSScotland.

Aims

- **To understand the progress NHS Boards have made in trying to achieve NHSScotland's national volunteering outcomes.**

The findings of this review suggest strongly that progress has been made. Whilst it has not been possible to track or quantify the progress, there is abundant evidence from NHS Boards that they and the National Programme are contributing towards the achievement of the national outcomes for volunteering. The progress is summarised and rated in the following outcomes table (Table 13, page 32).

Table 13   Outcomes   **National Programme for Volunteering in NHSScotland Table of Outcomes and Evidence**

*** Achieving outcome   ** Progress with outcome   * No progress

Outcome	Evidence	Progress
1. **Volunteering contributes to Scotland's health by** a) **Enhancing the patient experience** b) **Providing opportunities to improve the health and wellbeing of volunteers themselves**	a) Patient experience - there is almost complete agreement that volunteers have a very significant impact, directly and indirectly, on the patient experience in a wide range of ways from contributing to standards, processes and service development to practical support. There were two particular areas where responses indicated that volunteers made a vital contribution - First Responders and on the Scottish islands. In remote and rural locations volunteers play a significant role in helping to combat social and geographic isolation both for patients and the service. b) Health and wellbeing of volunteers - there is almost complete agreement that volunteering has a very significant impact on the health and wellbeing of volunteers. There was a consensus across all respondent groups that volunteering contributed to volunteers developing confidence and self-esteem, developing new skills, helping them into further education and employment, reduced isolation, and gives meaning and purpose to life. Volunteers also benefit from a range of services available to them from Occupational Health to use of fitness facilities. Responses also indicated that volunteering can benefit those with both physical and mental health problems sometimes quite significantly.	*** ***
2. **The infrastructure that supports volunteering is developed, sustainable and inclusive.**	Infrastructure - investment of resources in the infrastructure that supports volunteering has led to development and improvement in volunteer management practice, awareness and acceptance of volunteering by front line staff, increased numbers of volunteers and volunteer roles, and added value to the patient experience. Infrastructure - the National Programme for Volunteering, its outputs, and the support provided by the National Programme Manager have been instrumental in helping NHS Boards to progress volunteering. The National Group for Volunteering, Nominated Strategic Leads and others have played an important leadership role as champions for volunteering driving the agenda forward. Infrastructure - on the ground existing and new Volunteer Service Manager posts and staff with responsibility for volunteers champion volunteering and help to deliver good practice in volunteering which ensures a quality experience for volunteers and patients, their carers and families alike. Sustainability - volunteering requires support. The legacy of the past three years is a strong foundation on which to build. Progressing volunteering will require continued investment of resources and further work to embed a culture of volunteering in NHSScotland. The sustainability of volunteering will be dependent on maintaining current support	*** *** *** **

Outcome	Evidence	Progress
	levels. Increasing sustainability will require further investment of resources.	
	Inclusive - anecdotally, there is evidence that volunteering in NHSScotland is inclusive, illustrated by efforts to involve young volunteers, short-term volunteers, and people who have time to give outside regular office hours. However, there is a need for hard evidence of the demographic and equalities profile of volunteers.	**
3. Volunteering and the positive contribution it makes is widely recognised with a culture which demonstrates its value across the partners involved.	Evidence from this review suggests that volunteering makes a positive contribution to the patient experience and adds value to the service provided by NHS Boards. Progress has been made, staff are more likely to recognise and value the contribution that volunteers make to the health service. This change is illustrated by increasing demand for volunteers and new volunteer roles. However, this study has found that there is still work to be done to increase awareness and acceptance of volunteers. Clarification of the need for and role of volunteers in NHSScotland should help to assuage staff concerns about job substitution.	**

- **To assess the contribution the creation of a national programme manager role for volunteering in NHSScotland has made to the progress made by NHS Boards.**

It is clear that there have been significant improvements in volunteering across all NHS Boards in the past three years, and that for the majority of Boards these improvements have been supported by the National Programme for Volunteering. Boards report the significant value in having one national role providing leadership to volunteering and the subsequent influence that this has had on raising awareness and acceptance of volunteers, providing guidance, information and support. This study has highlighted two key ways in which the national programme contributes towards local improvement; by providing national strategic direction for the local development of volunteering, and by providing direct practical support to develop volunteering across Boards. There was significant praise for the approach taken by the National Programme Manager. Boards appreciate the support provided by the National Programme Manager to respond to specific needs and requests of individual Boards for example: facilitating volunteer development planning and help with Investing in Volunteers. The provision of networking and shared learning opportunities are highly regarded too. Findings suggest that Boards view the continuation of this role as being necessary to future progress.

- **Help determine the future direction and level of support needed to maintain standards and further develop NHSScotland's volunteering agenda.**

The support over the past three years has provided a sound infrastructure on which to develop volunteering within NHSScotland and in local communities. Findings suggest that there is room and an appetite to develop volunteering and that NHS Boards have a need for more of the same type of support for volunteering. The National Programme Manager and dedicated Volunteer Service Manager posts are seen as key to maintaining standards and developing volunteering.

The desire to know more about its volunteers and to track progress with volunteering suggest that NHSScotland should support NHS Boards to undertake a baseline mapping exercise of volunteering. Experience and knowledge of conducting such an exercise exists within some Boards, and the Volunteer Information System appears to be an instrument already in development for such data capture. There is an appetite for learning and development of evaluation skills among staff with responsibility for volunteering. This comes from a desire to better evidence the impact of volunteering particularly on front line staff, volunteers, and the patient experience. These 'voices' are missing from this evaluation. If at a later date NHSScotland decides to conduct another review of volunteering it would be important that the study is designed to capture the views of these additional stakeholders.

More awareness raising and training for front line staff would help to overcome concerns about the role of volunteers and to improve volunteer management practice. Investing in Volunteers has helped to develop volunteering and drive up standards in volunteer management. However, there was a common view that the process would benefit from review and that further progression of the standard to enable it to become a development tool would be of value. Connected to Investing in Volunteers, there is a view that the assessment landscape within NHSScotland could be simplified by streamlining the three main Standards.

There are external factors that will need to be taken into account when deciding on the direction that volunteering in NHSScotland should follow, e.g. the integration of health and social care, where does volunteering fit within the integration plans at national and local level? What impact will integration have on the standard of volunteering in health and social care settings and in local communities? There may well be a role for the National Programme Manager to help NHS Boards ensure that volunteering is included in the negotiations and discussions with local authorities.

How does NHSScotland respond to the competition from other volunteer-involving organisations and the changing needs of volunteers in order to attract and offer them volunteer roles that meet

their motivations and expectations whilst still providing patient-centred care? What can NHSScotland learn from the Third Sector? Can NHSScotland work more closely with the Third Sector and benefit from shared learning and access to generic training courses for volunteers and staff?

5. RECOMMENDATIONS

- Continue the National Programme and post of National Programme Manager.
- Continue to offer the same type of support and training, but tailor it to meet the needs of individual NHS Boards which are at different stages in their development of volunteering.
- Consider offering more training and support to NHS Boards to help develop evaluation skills.
- Continue to develop the Volunteering Information System and use it to establish a baseline against which progress with volunteering can be tracked and measured.
- Consider involving all stakeholders in any future evaluation of volunteering in NHSScotland.
- Consider the role for the National Programme Manager to help champion volunteering in the integration of health and social care.
- Consider building links with the Third Sector to share practice, learning and access generic training.
- Consider the use of Investing in Volunteers and how the development of volunteering can be measured once attained.

APPENDIX 1: Questionnaire

**Evaluation of progress with volunteering programme for NHS Scotland
Volunteering in NHSScotland Questionnaire**

Semi-structured interview questions

1   Awareness and acceptance of volunteering by front line staff

a) Do you feel your Board has increased **awareness and acceptance** of volunteering amongst front line staff?

Awareness ***(Yes, No, Don't know)**

Acceptance ***(Yes, No, Don't know)**

Why do you say this? Can you give examples or is there any local evidence to support this such as an evaluation?

b) If yes, how has the support provided by the National Programme for Volunteering helped contribute towards this?

Awareness

Acceptance

2   Effectiveness of Volunteers' contributions

a) Do you feel that your Board has improved the effectiveness of volunteers' contributions to your organisation? ***(Yes, No, Don't know)**

Why do you say this? Can you give examples or is there any local evidence to support this such as an evaluation?

b) If yes, how has the support provided by the National Programme for Volunteering helped contribute towards this?

3   Improvement in volunteering

a) In which areas do you believe your Board is able to demonstrate significant improvements in volunteering over the last 2-3 years?

b) Did the support from the National Programme for Volunteering help with this improvement? ***(Yes, No, Don't know)** If so in what ways?

4   Volunteering opportunities in future

What do you see as the key volunteering opportunities for development in your Board in the next few years?

5   Key challenges

a) What are the **key challenges** your Board faces in relation to volunteering in the near future?
   -What are the internal and external challenges?
   -Are the challenges local or national ones?

b) Do you feel there is a need for continued support to assist your Board with these challenges? What would that support look like? Would any of the examples of support below be useful?

- Regional networking meetings
- National networking meetings
- Facilitation of the sharing of good practice
- A regular electronic newsletter
- Guidance and publications (PLEASE PROVIDE SUGGESTIONS ON TOPIC)
- Training and/or workshops (INTERVIEWEE MUST ELABORATE ON SUBJECT AND NATURE OF TRAINING, e.g. risk management, developing roles, engaging staff etc)
- Local developmental/implementation support (PLEASE PROVIDE EXAMPLES OF SUBJECT AREAS)
- Support in delivering staff engagement sessions
- Improvement planning sessions
- Further development of the Volunteering Information System

6   Improving patient and volunteer health

Do you feel that Volunteering in your Board:

a) enhances the quality of the patient experience *(Yes, No, Don't know)

b) provides opportunities to improve the health and wellbeing of volunteers themselves *(Yes, No, Don't know)

If so, why do you say this? Can you give examples or is there any local evidence to support this such as an evaluation?

7   Investing in Volunteers

a) Considering the Investing in Volunteers quality standard, what impact has retaining the standard had on your staff and volunteers? *(Positive, neutral, negative)

b) Has it contributed to improving the quality of volunteering in your Board? Why do you say this?

c) What value do you place on your NHS Board continuing to hold the standard?

8   Additional Information

Is there anything else you would like to add in terms of either volunteering in your Board or the National Programme for Volunteering?

APPENDIX 2: Risks relating to the discontinuation of the programme

Introduction

This paper outlines the support, services and outputs that would cease if the Volunteering in NHSScotland Programme were to be discontinued from March 2014.

At the July 29th meeting, members of the National Group requested a paper that would outline the effects on the National Programme in the event of discontinuation. At the November 11th meeting, the National Group reviewed the paper.

Current services, support and outputs delivered through and by the programme

Service, support or output	Associated risk
The organisation, facilitation and evaluation of the regional and national networking meetings for volunteer managers and the publication of notes stemming from the meeting discussions. The purpose of these meetings are to provide a networking and learning forum and an opportunity for all regional staff to share good practice on delivering volunteering programmes.	There is a risk that the loss of the support from these meetings and the associated support would result in the meetings not taking place, limited sharing of practice across NHSScotland and challenges being faced in isolation by volunteer managers and NHS Boards.
The Programme Manager acting as a point of contact for enquiries on volunteering, signposting to resources, sharing good practice, putting people in touch with one another and highlighting lessons learned by other NHS Boards and colleagues.	There is a risk that the loss of a point of contact will result in less sharing of practice, duplication of effort and challenges being repeatedly faced in the absence of solutions that might have been identified elsewhere.
Maintenance and development of the online Community of Practice – providing a discussion forum, resource library and electronic means for members to share practice and engage with each other.	There is a risk that the loss of a post with responsibility for managing the Community of Practice will result in less usage than there currently is and the community becoming stagnant.
Programme Manager providing individual support to NHS Boards such as participation in working groups, review of Board policies or advice on developing volunteering programmes (e.g. the recruitment of volunteer manager posts and provision of support for the workplans that would follow new appointments).	There is a risk that NHS Boards without a dedicated volunteer management structure or post will not have access to experience in developing volunteering programmes and will not be aware of the lessons learned elsewhere or the pros and cons of proposed developments/policy content.
Development of staff engagement tools such as the Developing Volunteering Toolkit in supporting wider staff groups to understand the purpose and boundaries of volunteering. This work makes a contribution towards developing a sustainable culture of volunteering in the NHS.	There is a risk that NHS Boards will not have the capacity to address challenges caused by a workforce that is reactive to volunteering being perceived as "job substitution" and myths perpetuated by media sources. Without this, there is a risk that staff groups continue to become resistant to the concept of volunteering or develop a lack of understanding of the boundaries associated with volunteering.

Service, support or output	Associated risk
Support in delivering engagement sessions to NHS staff.	There is a risk for NHS Boards that do not have the capacity to deliver sessions
Support to the National Group for Volunteering consisting of the arrangement of meetings, minute-taking, preparation of agendas and papers and the Programme Manager taking leadership for driving many of the main actions or outcomes that come from the group.	There is a risk that the National Group members will not have the capacity to carry out these tasks in addition to their substantive roles.
Maintenance of the volunteering area on the Scottish Health Council website, including the publication of National Group minutes and papers, ensuring transparency of the Group's activity.	There is a risk that the work of the Group will not be visible to the stakeholders it seeks to support.
Design, production of content and publication of the Volunteering in NHSScotland e-newsletter.	There is a risk that communication to NHS stakeholders on the work of the National Group, signposting to events and information ceases to take place.
Facilitation of Improvement Planning Sessions to NHS Boards.	There is a risk that NHS Boards are less able to review and reflect on their activities, identify their challenges and that challenges that need to be addressed nationally do not surface as a result of losing the common "link" that now exists between Boards.
The ongoing support to NHS Boards in relation to the Volunteering Information System – this consists of the following for which the Programme Manager has full responsibility for: • Preparation of system documentation for sign-off by NHS Boards • Set-up and issuing of user accounts and passwords • The management and filtering of enhancement requests into the "development list" (what can be addressed within the current support contract) and "enhancement list" (amendments that would require further resourcing) • The design and delivery of webinars for new users, outlining the functions of the system • The design and delivery of face to face training for new users, which will be on-going due to natural turnover of staff using the system	There is a risk that there will be no system of governance over NHS Boards use of the system. There is a risk that NHS Board "superusers" will need to dedicate time to the creation of new users accounts or that time in the support contract (currently allocated to development of the system) will need to be used for the issuing of accounts. There is a risk that unfiltered enhancement requests result in amendments being made to the system that are not prioritised in the best interests of NHSScotland. There is a risk that users of the Volunteering Information System will be left to support themselves in using the system without support.
Monitoring and evaluation of Programme activities – e.g. the evaluation of meetings, the monitoring of Community of Practice use and e-newsletter readership, the evaluation of training sessions.	There is a risk that quality is significantly compromised in each of the above activities due to a lack of a dedicated resource that can oversee review and evaluation of outputs and activities.

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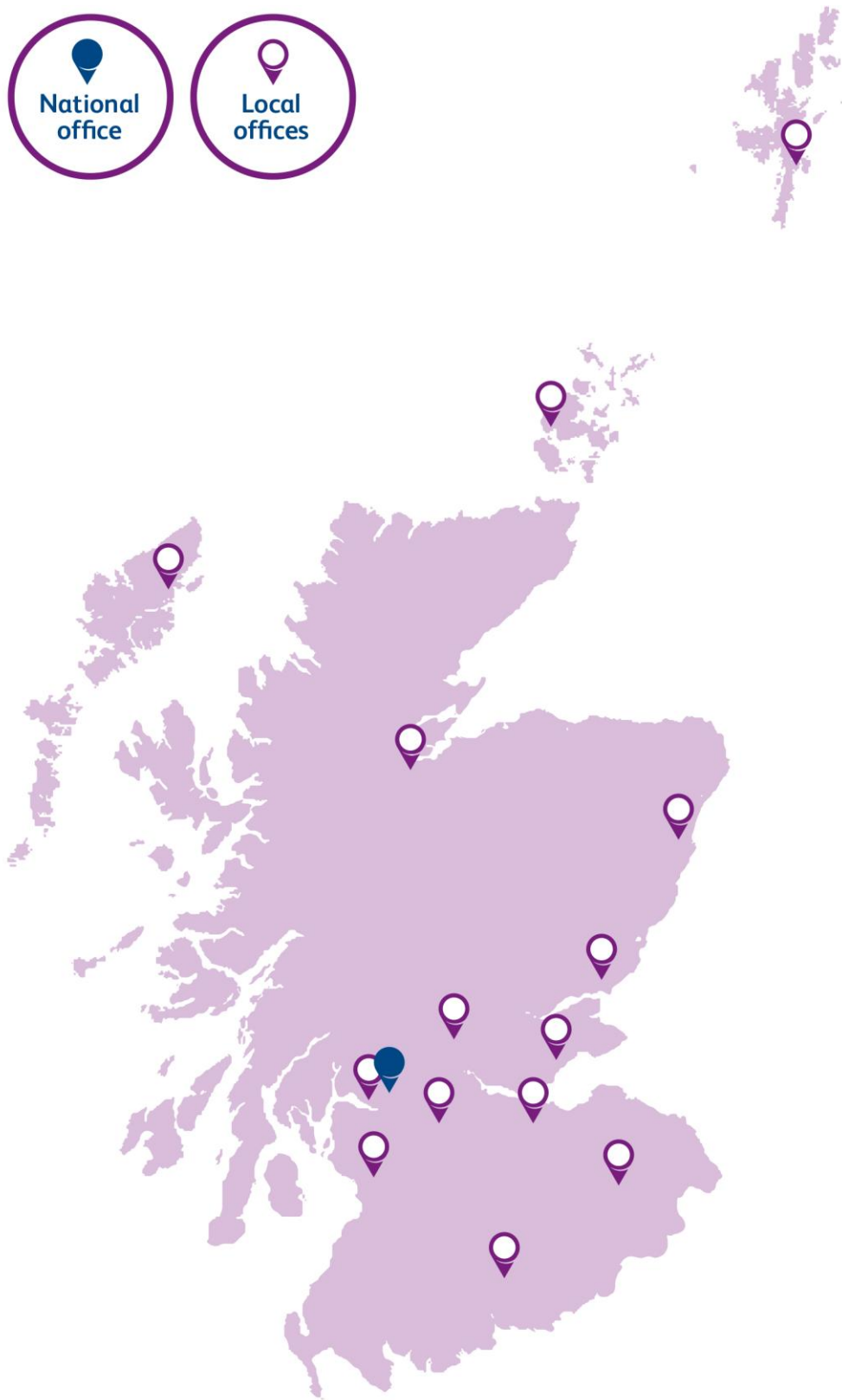
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