

Volunteer Management in NHSScotland

Research findings and recommendations for volunteering in NHSScotland

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Contents

- 1. Introduction 5
 - Background 5
- 2. Executive Summary 6
 - Key findings..... 6
- 3. Methodology..... 9
- 4. Distribution and responses..... 10
 - Volunteer management and co-ordination positions 11
 - Comparison of workforce from earlier studies 13
- 5. Findings..... 15
 - Volunteer management positions..... 15
 - Length of time in post..... 15
 - Permanency of positions..... 15
 - Whole-time equivalent..... 16
 - Banding..... 16
 - Funding 17
 - Administrative support..... 18
 - Volunteer management model and volunteers managed..... 19
 - Where volunteer managers spend their time 20
 - Good practice..... 21
 - Key Area A: Develop and evaluate strategies and policies that support
volunteering 22
 - Key Area B: Promote Volunteering 22
 - Key Area C: Recruit and Induct Volunteers..... 22
 - Key Area D: Manage and develop volunteers..... 23
 - Key Area E: Manage yourself, your relationships and your responsibilities ... 23
 - Key Area F: Provide management support for volunteering programmes..... 24
 - Challenges 24
 - Governance and development of volunteering programmes..... 26
 - Volunteering and volunteer expenses policies 26
 - Volunteer training 27
 - Risk management 28
 - Volunteering Steering/Development Group..... 29
 - Reporting of volunteer programme activity within NHS Boards..... 29
 - Awareness of the Lampard Report 30

Use of programme resources.....	32
Evaluation of volunteering.....	34
Qualitative measurement	34
Quantitative measurement	34
Other comments	35
Future support from the Volunteering in NHSScotland Programme.....	35
Appendix 1: Survey questions	37

1. Introduction

This paper outlines the findings of the Volunteer Management in NHSScotland Research conducted by the Scottish Health Council in 2016 and makes 13 recommendations for the Volunteering in NHSScotland Programme and NHS Boards to consider in developing volunteering in the NHS in Scotland.

The small-scale project sought to answer how volunteering in NHSScotland can be managed in a safe, effective and person-centred manner.

The secondary aims were to:

1. identify the models of volunteer management employed across NHS Boards
2. identify the extent of current volunteer management workforce
3. gather evidence of good practice in relation to the governance of volunteering, and
4. inform local and national policy and strategy.

The responses from staff from NHS Boards have been considered and, where appropriate, responses to questions or requests have been provided.

Background

This research forms part of the Volunteering in NHSScotland Programme of activity that now contributes to the core business of the Scottish Health Council.

The research will help to inform the National Group for Volunteering with an up to date analysis of volunteering across the country and will provide a comparator for the earlier Programme activity undertaken in 2012 ([Needs analysis](#)) and 2015 ([A review of volunteer management arrangements within NHSScotland](#)).

Earlier work undertaken by Volunteer Development Scotland in 2000 and 2001 is also used for comparison where appropriate.

The findings will provide content for revision of the Handbook for [Volunteering in NHSScotland](#) in 2017.

2. Executive Summary

The findings in this research were endorsed by the National Group for Volunteering prior to publication.

The research has identified a number of key areas where the Volunteering in NHSScotland Programme and NHS Boards can collaborate to improve and develop volunteering in NHSScotland further.

Much of the content relates to the challenges and working practices of volunteer managers within NHS Boards – a discipline that is often ill-understood and, at times, neglected. The often solitary nature of the role can itself introduce risks through the overreliance on a select few individuals who support a force of up to 1,000 volunteers or more within a single NHS Board.

Key findings

- ▶ The feedback from volunteer managers strongly suggests that a decentralised model of volunteer management is not only effective, but essential.
- ▶ The number of volunteer management positions has increased significantly since 2012. However, there are still a number of NHS Boards (four territorial health boards, five special health boards) without dedicated volunteer management staff and thus reliant on staff from other disciplines to take on additional responsibility.
- ▶ Despite an increase in the national volunteer management workforce, multiple references were made to a lack of capacity to adequately manage programmes. Managing time between the administration of recruitment and the ongoing support of placed volunteers was a particular challenge.
- ▶ The research identified a number of examples of good practice that will be considered for inclusion in a revision of the Handbook for Volunteering in NHSScotland.

This paper includes 14 recommendations for NHS Boards, the Volunteering in NHSScotland Programme and the National Group for Volunteering.

The recommendations below are set in context in the body of the report. As is often the case in such activities, it is important to keep in mind the principles of proportionality when examining each recommendation. This is of particular importance for special health boards and where only small volunteer numbers are present.

The recommendations are presented in the following table in summary:

Recommendation	
1	In future research projects, the Volunteering in NHSScotland Programme should publish response rates during the data collection and share with Strategic Leads from NHS Boards that have yet to take part.
2	NHS Boards may wish to consider reviewing administration support arrangements for their volunteering programmes to improve efficiency.
3	NHS Boards still using a centralised model of volunteer management may wish to consider how sustainable this model is in relation to growth and volunteer retention.
4	Respondents to the survey are to be asked for more detail on areas of good practice in order to inform a review of the Handbook for Volunteering in NHSScotland.
5	It is recommended that NHS Boards volunteering policies are: <ul style="list-style-type: none"> (a) Reviewed at least every three years (b) Made available to staff and volunteers (e.g. published on their website and intranet) (c) Published in accordance with local version control policies
6	It is recommended that NHS Boards expenses policies are: <ul style="list-style-type: none"> (a) Compliant with the expenses rates in CEL 23 (2011) (b) Reviewed annually, in accordance with CEL 23 (2011) (c) Made available to staff and volunteers (e.g. published on their website and intranet) (d) Published in accordance with local version control policies
7	NHS Boards should ensure that refresher training on adult and child protection/safeguarding is delivered to volunteers at least every three years (in accordance with DL (2017)07).
8	In keeping with the intent of DL (2017)07, NHS Boards could benefit from adopting a risk register for their volunteering <i>programme</i> , not limiting risk assessment to individual volunteer roles.
9	NHS Boards would benefit from ensuring that: <ul style="list-style-type: none"> (a) There is an internal steering group to drive forward volunteering, involving the key stakeholders (e.g. volunteer managers, volunteers, third sector interface, third sector organisations) (b) The steering group receives quarterly reports on volunteering activity (c) There is a line of reporting and escalation to the Strategic Lead for Volunteering
10	NHS Boards could consider seeking non-executive involvement in their volunteering steering groups.
11	NHS Boards would benefit from considering what level of support they require in order to meet the requirements of the Lampard letter from Scottish Government and liaise with the Volunteering in NHSScotland Programme.
12	Any extension of the Volunteering in NHSScotland Programme into the social care arena could include a revision of the Developing Volunteering Toolkit.

Recommendation

13	NHS Boards may wish to signpost new staff who manage volunteers to the suite of publications from the Refreshed Strategy for Volunteering and the Volunteering in NHSScotland Programmes.
14	The Volunteering in NHSScotland Programme should consider holding each of the two annual Volunteer Managers Network meetings in different locations.

3. Methodology

The research was conducted through the use of an electronic survey. A link to the survey was distributed to staff involved in the management and support of volunteers in NHSScotland, a list maintained by the Scottish Health Council.

Links to the survey were sent via the Volunteering in NHSScotland e-newsletter distributed on 31 August and 16 November 2016.

The questions were designed to answer the primary and secondary research aims. Questions on where volunteer managers spend their time, examples of good practice and where challenges are experienced were framed under the National Occupational Standards for Volunteer Managers, in keeping with the 2012 Needs Analysis, in order to provide a comparison.

Participants were asked to provide the name of the NHS Board they work for and their job title to allow data to be segmented in the analysis and subsequent report with the proviso that no linked data would be apportioned to a specific Board or participant.

More detailed information on the structure of posts (permanency, whole time equivalent, banding) were sought in order to support a more accurate identification of the volunteer management workforce and allow future comparisons using the similar work undertaken in 2000 and 2001 by Volunteer Development Scotland.

A question on administrative support was also included. Participants in the survey were asked to share how many dedicated volunteer management positions were in place in their NHS Board to allow more meaningful conclusions to be drawn should participation in the survey not be fully inclusive of all posts.

The full list of survey questions has been included in Appendix 1.

4. Distribution and responses

The survey was distributed to 112 individuals who are involved in the management and/or support of volunteers in NHSScotland and previously expressed an interest in the Volunteering in NHSScotland Programme. This included 31 staff who were known to have volunteer management as their primary responsibility.

A low initial response rate resulted in the survey remaining open until 30 November 2016 and the project being extended.

Twenty full responses were received, complemented by a further five partial responses.

NHS Board	Responses	
Golden Jubilee National Hospital	1	4%
Healthcare Improvement Scotland	1	4%
NHS 24	1	4%
NHS Ayrshire & Arran	1	4%
NHS Borders	0	0%
NHS Dumfries & Galloway	0	0%
NHS Education for Scotland	1	4%
NHS Fife	2	8%
NHS Forth Valley	0	0%
NHS Grampian	3	12%
NHS Greater Glasgow & Clyde	9	36%
NHS Health Scotland	0	0%
NHS Highland	1	4%
NHS Lanarkshire	0	0%
NHS Lothian	2	8%
NHS National Services	0	0%
NHS Orkney	0	0%
NHS Shetland	1	4%
NHS Tayside	1	4%
NHS Western Isles	0	0%
Scottish Ambulance Service	0	0%
The State Hospital	1	4%
Total	25	100%

Due to the poor responses from a number of NHS Boards the following action is recommended for future surveys or research:

Recommendation 1:	In future research projects, the Volunteering in NHSScotland Programme should publish response rates during the data collection and share with Strategic Leads from NHS Boards that have yet to take part.
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Participants in the survey provided their job titles to allow an analysis of the different types of roles. The majority were Voluntary Service(s) Managers. The table below lists the general areas of responsibility rather than specific job titles.

Area of responsibility	Responses	
Chaplaincy	1	4%
Education	1	4%
Health improvement	2	8%
Learning and Development	1	4%
Participation and volunteer management	2	8%
Participation, equalities and volunteer management	2	8%
Volunteer management and coordination	16	64%
Total	25	100%

Volunteer management and co-ordination positions

Where participants were asked to provide details of how many dedicated volunteer manager positions are in place in their NHS Board, the results were mixed. Some participants misinterpreted the question and provided the number of positions where volunteer management is a part of a larger role.

As a result, the table on the following page incorporates existing data on known positions within NHS Boards and where relevant, the information provided through the survey.

Dedicated volunteer manager positions are defined as posts that:

- (a) Contain volunteer management or co-ordination in the title

(b) Other posts where the respondent has identified that more than 50% of their role is committed to the management and co-ordination of volunteers

NHS Board	Known dedicated volunteer manager positions*	No of responses	% response per board
Golden Jubilee National Hospital	1	1	100%
Healthcare Improvement Scotland	1	1	100%
NHS 24			
NHS Ayrshire & Arran	1	1	100%
NHS Borders	1		0%
NHS Dumfries & Galloway	1		0%
NHS Education for Scotland			
NHS Fife	3	2	67%
NHS Forth Valley			
NHS Grampian	3	2	67%
NHS Greater Glasgow & Clyde	9	7	78%
NHS Health Scotland			
NHS Highland	1	1	100%
NHS Lanarkshire	2		0%
NHS Lothian	4	2	50%
NHS National Services			
NHS Orkney			
NHS Shetland			
NHS Tayside	6	1	17%
NHS Western Isles			
Scottish Ambulance Service			
The State Hospital	1	1	100%
Total	34	19	56%

* **Dedicated volunteer manager positions** – where the job title refers to volunteer management or co-ordination or where the time spent on managing volunteering is more than 50% of the role.

Comparison of workforce from earlier studies

The table below lists the number of known volunteer managers in NHS Boards since 2000. Surveys in 2000 and 2001 were conducted by Volunteer Development Scotland. The survey in 2012 was undertaken by the Scottish Health Council. Please note that it does not take into account the whole-time equivalent of posts.

NHS Board	2000	2001	2012	2016
Golden Jubilee National Hospital			1	1
Healthcare Improvement Scotland	N/A	N/A		1
NHS 24	N/A			
NHS Ayrshire & Arran		1*	1	1
NHS Argyll & Clyde [#]	3	2	N/A	N/A
NHS Borders				1
NHS Dumfries & Galloway		2*		1
NHS Education for Scotland				
NHS Fife	1	3	3	3
NHS Forth Valley	1	1		
NHS Grampian	4	4	3	3
NHS Greater Glasgow [#]	4	5	N/A	N/A
NHS Greater Glasgow & Clyde [#]	N/A	N/A	3	9
NHS Health Scotland				
NHS Highland		1*		1
NHS Lanarkshire		1	1	2
NHS Lothian	5	4	3	4
NHS National Services				
NHS Orkney				
NHS Shetland				
NHS Tayside	8	8	6	6
NHS Western Isles				
Scottish Ambulance Service				
The State Hospital			1	1
Total	26	32	23	34

* one post in the volunteer bureaux (precursor Volunteer Centres)

NHS Argyll & Clyde was dissolved in 2006 and responsibilities transferred to NHS Greater Glasgow & Clyde and NHS Highland

5. Findings

This section contains an in-depth analysis of the results of the survey, where relevant making comparisons to the Needs Analysis of 2012 and earlier similar works.

Volunteer management positions

Length of time in post

The results from this survey suggests a change in the makeup of the network of volunteer managers across NHSScotland.

Five participants reported that they had been in post for less than one year, all from one NHS Board (the Board in question has significantly reconfigured its volunteering programme in the past three years).

Time in post	2012 responses		2016 responses	
Less than three years	9	21%	8	32%
Between 3 and 6 years	8	19%	5	20%
Between 7 and 10 years	10	23%	3	12%
More than 10 years	14	33%	9	36%
Unknown	2	5%	0	-
Total	43	-	25	-

Almost half (48%) of respondents have been in post for more than seven years, confirming the earlier findings in 2012 and once more suggesting that the needs of this group of staff is likely to differ from those who are new to post.

The poor response rate in comparison to the 2012 activity makes it difficult to draw any concrete conclusions however.

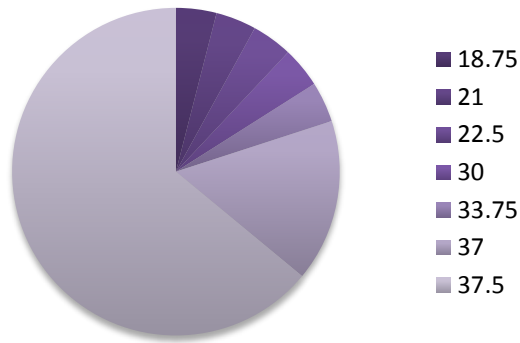
Permanency of positions

All but two of the respondents stated that their positions were permanent. Of the two fixed-term posts, these were both volunteer co-ordinator positions.

Whole-time equivalent

The majority of respondents (64%) are in full-time positions (37.5 hours per week).

Hours worked per week



Banding

Area of responsibility	Agenda for Change (AfC) banding						Total
	4	5	6	7	8a	8b	
Chaplaincy			1				1
Education						1	1
Health improvement	1	1					2
Learning and Development				1			1
Participation and volunteer management			1	1			2
Participation, equalities and volunteer management					2		2
Volunteer management and coordination	4	3	9				16
Total	5	4	11	2	2	1	25

Of the volunteer management and co-ordination posts, there is little consistency in the banding of the positions.

The four band 4 positions consisted of one Voluntary Services Manager role and three Volunteer Co-ordinator posts. At band 5 there were two co-ordination and one manager posts.

Respondents in band 7 and above only had responsibility for volunteering as a small part of a larger remit.

Funding

The resourcing of volunteer management positions varies across NHS Boards. The majority of respondents roles are core, recurring funded. One participant in the survey noted that their role was funded through an external charity and another two had some element of the post funded in this manner.

Funding source 2016	Number
Charity	1
Core recurring funding	19
Endowment	2
Mixed	2
Unknown	1
Total	25

It is understood that a handful of volunteer programmes are funded through a charity – most prominently in children’s hospitals where the charity is the employer of the volunteer manager and the funding may be a mix of generated income (e.g. donations) and charitable grants.

The survey conducted by Volunteer Development Scotland in 2001 painted a different picture with a greater reliance on external funding from endowments and others:

Funding source 2001	Number
Core recurring funding	13
Endowment	9
Mixed	7
Unknown	2
Total	31

The mixed funding included Friends (independent organisations that fundraise for hospitals), Volunteer Development Scotland Primary Care Grants, Scottish Executive, the New Opportunities Fund and other national funders. It is possible that other national funders could include charities.

Administrative support

Area of responsibility	No	Shared	Unknown	Yes	Total
Chaplaincy	1				1
Education				1	1
Health improvement	2				2
Learning and Development	1				1
Participation and volunteer management	1	1			2
Participation, equalities and volunteer management				2	2
Volunteer management	14		1	1	16
Total	19	1	1	4	25

The majority of respondents (79%) do not receive any administrative support. When looking at the volunteer managers specifically, this rises to 88%.

The situation has altered significantly since the research undertaken in 2001, confirming anecdotal feedback received from volunteer managers throughout the course of the Volunteering in NHSScotland Programme.

Administrative support	2001	2016
Yes	13 (46%)	5* (21%)
No	15 (54%)	19 (88%)

* includes one shared post where the person supports other functions/departments

This situation has led to volunteer managers at (banding AfC 4-6) undertaking the administrative duties of their respective programmes, compromising their available time to carry out management tasks (as described on page 17).

Recommendation 2:	NHS Boards may wish to consider reviewing administration support arrangements for their volunteering programmes to improve efficiency.
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Volunteer management model and volunteers managed

Participants were asked to identify what model of volunteer management was in place in their area of responsibility. This was a closed question offering three options:

- ▶ Centralised – where the member of staff manages all volunteers directly
- ▶ Decentralised – where the day-to-day support is handled by staff in the place of volunteering, e.g. at ward level, and the volunteer manager maintains responsibility for overarching activities (e.g. recruitment, training, promotion and evaluation)
- ▶ Mixed – a combination of the above (where the volunteer manager will directly support a small number of volunteers)

The table below shows the average number of volunteers managed by model of management and area of responsibility from the 2016 responses.

Area of responsibility	Centralised	Mixed model	Decentralised	Average
Chaplaincy		14		14
Education			3	3
Health improvement	2		1	2
Learning and Development		20		20
Participation and volunteer management		38		38
Participation, equalities and volunteer management	20	24		22
Volunteer management	69	40	15	41
Average number of volunteers managed per respondent	52	36	9	36

Earlier surveys did not differentiate between the different models of volunteer management. From earlier engagement with volunteer managers it is understood that centralised models were in place until relatively recently (prior to 2014).

The 2001 survey conducted by Volunteer Development Scotland found that volunteer managers were responsible for managing between 5 and 200 volunteers, noting that four of the five volunteer managers with responsibility for more than 100 volunteers were based in hospices.

The 2012 survey results identified that an average of 144 volunteers were managed by each person. This more recent research and the evidence of a movement

towards mixed and decentralised models demonstrates a significant shift towards a more sustainable model of volunteering, suitable to growth and development.

The findings in 2012 demonstrated that the longer a volunteer manager was in post, the larger the volume of volunteers they were expected to directly manage. Subsequent research identified that the centralised model of management is more vulnerable when the programme grows and subject to fail due to the overreliance on a single member of staff.

Recommendation 3:	NHS Boards still using a centralised model of volunteer management may wish to consider how sustainable this model is in relation to growth and volunteer retention.
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Where volunteer managers spend their time

Survey participants were asked to estimate how much of their time is committed each week under each of the 'Key Areas' of the [National Occupational Standards for Volunteer Managers](#) and how much time was spent on matters unrelated to volunteering.

Key Area	
A	Develop and evaluate strategies and policies that support volunteering
B	Promote volunteering
C	Recruit and induct volunteers
D	Manage and develop volunteers
E	Manage yourself, your relationships and your responsibilities
F	Provide management support for volunteering programmes

The table below shows the responses by area of responsibility.

Area of responsibility	Average percentage of time spent each week in each key area A-F/Other						
	A	B	C	D	E	F	Other
Chaplaincy	5	5	5	5	20	5	55
Education	3	5	0	2	0	0	90
Health improvement	<i>Question not answered</i>						
Learning and Development		5	5		5	5	80
Participation and volunteer management	8	3	5	20	20	30	15
Participation, equalities and volunteer management	4	2	3	4	2	3	82
Volunteer management	5	8	21	29	17	11	9
Average percentage of time spent per week per respondent	5	7	15	22	15	11	26

Of particular note – volunteer managers spend half of their time (50%) in Key Areas C and D, on the recruitment, induction, management and development of volunteers but only 6% of a working week on developing and evaluating strategies that support volunteering and 11% providing support to their programmes.

For respondents whose roles relate to areas of responsibility outwith volunteer management, managing volunteers (Key Areas A-F) only forms a quarter (25%) of their work.

These findings reinforce the need for NHS Boards to consider the volunteer engagement models and the expectations upon volunteer managers without any administrative support. **See recommendations 2 and 3.** The limited time spend on strategic work and the evaluation of volunteering activity is referenced later in this report.

Good practice

Survey participants were asked to identify any areas of good practice that they would like to highlight under each of the key areas.

A variety of responses were received. Many of the responses listed typical practice, elements of a programme that would be expected to be in place in an NHS Board

and/or its volunteering programme. In some cases references were made to standard practices that would be a requirement of Investing in Volunteers accreditation.

However, some responses referred to activities that could helpfully be shared with other NHS Boards. More detail on these elements will be requested from respondents.

Highlights included:

Key Area A: Develop and evaluate strategies and policies that support volunteering

- ▶ Staff DVD provides support in developing volunteer roles and recruiting volunteers; Volunteers handbook; Volunteering Policy; Expenses Policy.
- ▶ Volunteer charter established 2006.
- ▶ Developing a strategy focused on volunteers participating in capturing the patient experience.
- ▶ Member of Board steering group reviewing volunteering policy and procedures.
- ▶ Working collaboratively and across teams within acute mental health services to develop a Mental Health Volunteer strategy and local pathway for hospital.
- ▶ Developing evaluation tool to demonstrate the value of volunteer input.

Key Area B: Promote Volunteering

- ▶ Engaging staff at Volunteer Annual Events. Hearing the voice of both volunteers and staff.
- ▶ Design and delivery of working with volunteers sessions for staff.
- ▶ Attendance at internal good practice clinical events has been very useful and also an article dedicated to volunteering in Staff News.
- ▶ Working collaboratively with local neighbourhood, community councils, local libraries, schools and services on hospital and across northwest Community Mental Health Teams to raise awareness of activities and events which currently involve volunteers and which could be developed into new volunteer opportunities. Development and participation in a steering group which supports the development of volunteer/patient and staff activity using the site green space; development and participation in an Activity Planning and Development Group across mental health disciplines and which ensure most effective delivery of mental health recovery activity programme which includes a range of volunteer role input.
- ▶ Advertise volunteering opportunities and good stories to partners through emails, web adverts, network meetings, one-to-one, team meetings.
- ▶ Attend charge nurses and management meetings.
- ▶ Regularly engage Board members in the roles undertaken by volunteers.

Key Area C: Recruit and Induct Volunteers

- ▶ Board volunteers are invited to staff induction training and access to relevant eLearning.
- ▶ Induction programme regularly evaluated and updated – blended learning facilitating peer group support, experiential learning via a buddy scheme, reflective learning via handouts and learning tracked.

- ▶ Development of ward specific training modules for new volunteer induction.
- ▶ Maintain strong and effective relationships with wards, Community Mental Health Teams, third sector and Volunteer Centre to recruit new volunteers and remain relevant and effective when structuring induction; developing role-based induction to run alongside general mental health services/hospital setting/Community Mental Health Teams setting induction programme.
- ▶ Recruit volunteers who require intensive support and create support network which may not be available through main stream volunteering. Have one-to-one induction session which gives time and opportunity to establish a sound understanding of the organisation, volunteering and relevant policies and procedures.
- ▶ 'Expression of interest' visits organised for all potential volunteers to allow informed decision to be made about participation.

Key Area D: Manage and develop volunteers

- ▶ Board offers an annual self-assessment day for its volunteers. From this a work plan is agreed intended to develop volunteering further.
- ▶ Wheelchair and Mealtime training developed.
- ▶ Buddying system for all new volunteers.
- ▶ Develop effective one-to-one relationships with volunteers which allows for open and transparent communication, specific role-based training, networking opportunities, volunteer recognition. Ensure each role has a specific and relevant plan for training and support which relates to the activity being developed by the volunteer, allows for strategies for debriefing and keeps the volunteer safe.
- ▶ Have one-to-one reviews/supervision monthly to start with, then bi-monthly and quarterly. Volunteers fill out placement logs or supervision notes which gives opportunity to discuss workload, skills and experience developed or would like to develop, training attended or would like to attend. It also helps to carry out a reflective practice for both the volunteer and myself and take the learning forward.
- ▶ 'Safe Swallowing' training for volunteers who would like to assist with patient feeding. Training delivered by Speech and Language Therapy team.
- ▶ Planned volunteer peer support meetings for those doing same role.
- ▶ Identify roles which support the development of skills required for careers.

Key Area E: Manage yourself, your relationships and your responsibilities

- ▶ Clinicians really need some training given their lack of understanding as regards volunteering – devised fact sheet this year during national volunteers week to raise awareness.
- ▶ As above. Liaise with other staff in whose area volunteers for whom I am responsible are deployed.
- ▶ Regular fortnightly one-to-ones maintain focus and open communication within the team.
- ▶ Maintain open and collaborative relationships one to one across the different roles and disciplines within hospital and Community Mental Health Teams; and with partner third sector and independent artists and organisations. Maintain effective relationships by listening and implementing patient-need based activities and develop volunteer roles accordingly. Prioritise the patient experience and

support Healthy Working Lives planning and delivery to support improved quality of work experience and stress reduction for staff.

- ▶ I have developed various worksheets which gives me an overall picture of all my work and workplan. Continue to improve on my communication to maintain and enhance relationships.
- ▶ Attend (only) relevant meetings.

Key Area F: Provide management support for volunteering programmes

- ▶ Working with local Volunteer Centre, member of Volunteer Managers Forum. Managing a Young Student Programme in conjunction with Local Secondary Schools Employability Programme. Manage the budget for volunteer cost centre i.e. Volunteer Expenses; obtain supplies, uniforms etc and maintaining records of expenditure against budget allocated to volunteering.
- ▶ Had some supported employment programmes - team challenges - very time consuming however but great assistance received.
- ▶ Collaborate directly with third sector organisations contributing to improved patient and staff experience within mental health services; offer practical support for external organisation delivering activities on site, in wards and on programme sites; offer effective co-ordination of activity programmes delivered by third sector and external organisations and promote effectively across mental health services.

The revision of the Handbook for Volunteering in NHSScotland should include a reference to the elements of good practice that survey respondents have highlighted.

Recommendation 4:	Respondents to the survey are to be asked for more detail on areas of good practice in order to inform a review of the Handbook for Volunteering in NHSScotland.
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Challenges

Survey participants were asked to consider what challenges they faced under each of the Key Areas of volunteer management.

A thematic analysis of the responses is shown in the following table.

Challenge	Challenges in each Key Area						Total
	A	B	C	D	E	F	
Board policy/ managerial issues	1				1	1	3
Competition for volunteers and external stakeholders			1			2	3
Diversity of volunteer pool		1	1				2
Fixation on numbers/targets	1						1
Lack of national strategy	1						1
Providing a person-centred service			2	1	2		5
Staff buy-in	2	3	1		2	3	11
Supporting volunteers				2	3	1	6
Time and capacity	7	7	5	8	10	6	43
Volume of enquiries		2	3				5
Volunteer commitment/unpredictability		1	4	1			6
Total for each Key Area	12	14	17	12	18	13	86

Key Area of volunteer management

- A** Develop and evaluate strategies and policies that support volunteering
- B** Promote Volunteering
- C** Recruit and Induct Volunteers
- D** Manage and develop volunteers
- E** Manage yourself, your relationships and your responsibilities
- F** Provide management support for volunteering programmes

The table above, listing challenges, demonstrates that capacity to deliver the volunteering programme remit remains the key difficulty for volunteer managers. It appears that little has changed since the survey conducted in 2012 when capacity was again a common theme across each of the key areas. Difficulty in meeting demand and dedicating enough time to aspects of the role is commonplace across all key areas, peaking in the area of self-management – perhaps unsurprising when responses included references to having to work on a “three-shift basis”, multiple references of working in isolation with no administrative support.

Despite a noted shift towards decentralised models of volunteer management the lack of capacity does not appear to be abating. The lack of administrative support to volunteer managers is noted as a contributing factor and further reinforces the need for NHS Boards to find a solution to this, as suggested in **Recommendation 2**.

Governance and development of volunteering programmes

A series of questions relating to how volunteering is governed across NHS Boards were included in the survey.

These questions were developed with the themes of the [Lampard Report](#) in mind and related to the follow-up work undertaken by the Scottish Health Council in 2015 and 2016.

Volunteering and volunteer expenses policies

Participants were asked when their Board's volunteering policy and volunteering expenses policies were last reviewed.

NHS Boards are required to review and update their volunteer expenses policies on an annual basis in accordance with [CEL 23 \(2011\)](#).

The feedback received cannot be treated with any accuracy as multiple responses from individual NHS Boards suggested that policy had last been reviewed at different times.

Recommendation 5:	It is recommended that NHS Boards volunteering policies are: (a) Reviewed at least every three years (b) Made available to staff and volunteers (e.g. published on their website and intranet) (c) Published in accordance with local version control policies
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Recommendation 6:	It is recommended that NHS Boards expenses policies are: (a) Compliant with the expenses rates in CEL 23 (2011) (b) Reviewed annually, in accordance with CEL 23 (2011) (c) Made available to staff and volunteers (e.g. published on their website and intranet) (d) Published in accordance with local version control policies
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Volunteer training

Twenty participants replied with information on their volunteer induction training. The question was open-ended so a variety of responses were received, some with more detail than others.

The responses can be categorised as follows:

Induction training content	Responses
Local induction/orientation	7
Specific training	6
Generic induction training	5
1:1 and informal induction	5
Corporate or staff induction	4
LearnPro/online modules	4
Booklet/pack	3
DVD	1
Shadowing	1
Buddying	1

Due to the nature of the question and the responses it is not possible to determine from the data what the generic induction training contains.

Where specific training was mentioned, this included:

- ▶ Dementia Awareness
- ▶ Fire safety
- ▶ Food hygiene
- ▶ Hand hygiene
- ▶ Infection control
- ▶ Moving and handling
- ▶ Safetalk
- ▶ Safety
- ▶ Scottish Mental Health First Aid
- ▶ Violence and Aggression Awareness, and
- ▶ Violence reduction.

Participants were asked what sort of refresher training was provided to volunteers and how frequently it was delivered.

Responses varied considerably. Of the 20 responses, 10 participants from seven NHS Boards said there was no refresher training in place. The remaining 10 stated that there was something in place in one form or another.

Of those that do deliver training, this ranged from annual review of training needs to more defined programmes, often referring to fire safety and infection control.

Other examples included communication skills, communicating with patients who have dementia and information governance.

In keeping with the recommendations of the Lampard Report and the communication from Scottish Government to NHS Boards in 2017

([http://www.sehd.scot.nhs.uk/dl/DL\(2017\)07.pdf](http://www.sehd.scot.nhs.uk/dl/DL(2017)07.pdf)), NHS Boards should ensure that volunteer refresher training on child and adult protection (safeguarding) is delivered at least every three years.

Recommendation 7:	NHS Boards should ensure that refresher training on adult and child protection/safeguarding is delivered to volunteers at least every three years (in accordance with DL (2017)07.
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Risk management

Participants were asked when their volunteering risk register was last reviewed. Seventeen participants replied with a variety of responses.

Of the responses:

- ▶ 7 stated that it was reviewed annually or had been reviewed in the past year
- ▶ 4 replied that they did not know
- ▶ 2 stated that there was no specific risk register in place for the volunteering programme
- ▶ 1 said that it was reviewed every two years
- ▶ 1 stated that it is reviewed every week
- ▶ 1 said that it is currently under review
- ▶ 1 replied that there were no risks

NHS Boards could reflect on the Programme activity undertaken in 2015 which advised them of risk management in light of the Lampard Report findings.

Recommendation 8:	In keeping with the intent of DL (2017)07, NHS Boards could benefit from adopting a risk register for their volunteering programme, not limiting risk assessment to individual volunteer roles.
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Volunteering Steering/Development Group

The survey contained a question asking whether the participants have a Volunteering Steering or Development Group within their NHS Board and who forms the membership.

Fifteen responses were received from 10 NHS Boards. Twelve participants confirmed that a group is in place. Two responses suggested that there was no group in place yet there were other responses from the same NHS Boards that suggested that a group is in place. A further one participant said they did not know whilst others from the same NHS Board suggested there was a group in place.

Membership of the groups varies. Participants did not fully answer the question so it is not possible to ascertain how membership varies across each of the NHS Boards.

The following points are drawn from the feedback received.

- ▶ Voluntary Services Managers are most likely to be members of such groups.
- ▶ Volunteer Centre/Third Sector Interface representation is also common.
- ▶ Two NHS Boards confirmed that a Director was a member of their group.
- ▶ Local volunteer 'leads' (staff who supervise volunteers in their own area of responsibility) were common across a number of responses.
- ▶ Only two participants confirmed that volunteers are represented on their group.
- ▶ Spiritual Care, Public Involvement and in two cases a Board member complement the membership of groups.

Reporting of volunteer programme activity within NHS Boards

The survey asked participants to provide information on the type of reporting that takes place in their NHS Board. The responses varied considerably from informal 1:1 supervision with no physical report to detailed reports that break down the amount of volunteer endeavour over the reporting period.

The frequency of reporting also varied from monthly to annually. In some cases the only form of reporting was the inclusion of programme activity in the Board's Annual Report.

Recipients of reporting included:

- ▶ Activity and Development Group
- ▶ Committee of the Board
- ▶ Line Manager
- ▶ Macmillan Support Group
- ▶ Senior Management Team

- ▶ Spiritual Care Team
- ▶ Strategic Lead for Volunteering, and
- ▶ Volunteering Strategy and Steering Group.

Only one response referred to reporting to the internal Steering Group.

Recommendation 9:	<p>NHS Boards would benefit from ensuring that:</p> <ul style="list-style-type: none"> (a) There is an internal steering group to drive forward volunteering, involving the key stakeholders (e.g. volunteer managers, volunteers, third sector interface, third sector organisations) (b) The steering group receives quarterly reports on volunteering activity (c) There is a line of reporting and escalation to the Strategic Lead for Volunteering
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In the publication, [What non-executive NHS Board members can do to support volunteering](#), NHS Boards are encouraged to consider what role non-executive board members can play in the development and operation of their volunteering programmes.

Recommendation 10:	NHS Boards could consider seeking non-executive involvement in their volunteering steering groups.
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Awareness of the Lampard Report

[Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile](#) was an independent report to the Secretary of State for Health, published in 2015, which sought to identify common themes from a number of investigations into the individual's activities in NHS hospitals in England.

Through the Volunteering in NHSScotland Programme, NHS Boards were made aware of the report and its findings through e-newsletters, workshops with volunteer managers and meetings with Strategic Leads for Volunteering. The workshops identified risks that NHS Boards could consider and the measures which would minimise or eliminate such risks.

Of the 20 full responses to the survey all participants stated that they had heard of the Lampard Report.

The five partial responses did not answer the question.

The awareness of the Report and its findings is encouraging and suggests that NHS Boards have taken the recommendations on board.

A letter from Scottish Government to NHS Boards in 2017 outlines the actions they should take (or have already taken) in order to address the risks identified. The Volunteering in NHSScotland Programme is noted as a provider of support should any NHS Board need additional assistance in taking forward the necessary actions.

Recommendation 11:	NHS Boards would benefit from considering what level of support they require in order to meet the requirements of the Lampard letter from Scottish Government and liaise with the Volunteering in NHSScotland Programme.
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Use of programme resources

The survey asked participants to consider their use of publications produced during the Refreshed Strategy for Volunteering and the Volunteering in NHSScotland Programme.

Participants were given a scale through which to respond, depending on their use and awareness of each of the publications. The results are as follows:

Publication	Awareness/use of publication			
	a lot	a little	no	not heard of it
What non-executive NHS Board members can do to support volunteering (Sep 2015)	1	8	8	2
Developing Volunteering Toolkit (Apr 2014)	5	9	5	0
Volunteering in NHSScotland: a starting point for engaging young volunteers in the NHS (Feb 2014)	1	4	13	1
Volunteering in NHSScotland: a handbook for volunteering (Feb 2014)	7	9	3	0
Checklist for designing volunteer roles (Sep 2013)	5	9	5	0
Communications Framework (Nov 2012)	1	2	12	4
Guidance on Reimbursing "Out of Pocket" Expenses for Volunteers (Sep 2011)	5	7	6	1
Staff Induction, Volunteer Development Scotland (Jul 2010)	1	3	11	4
Volunteer Induction, Volunteer Development Scotland (Jul 2010)	1	6	9	3
Employer Supported Volunteering, VDS (July 2010)	0	2	14	3
Achieving Inclusive Volunteering in NHSScotland, VDS (June 2009)	1	2	8	8

The most heavily used publications were (in order of use):

- ▶ Volunteering in NHSScotland: a handbook for volunteering (Feb 2014)
- ▶ Developing Volunteering Toolkit (Apr 2014)
- ▶ Checklist for designing volunteer roles (Sep 2013)
- ▶ Guidance on Reimbursing "Out of Pocket" Expenses for Volunteers (Sep 2011)
- ▶ What non-executive NHS Board members can do to support volunteering (Sep 2015)

A revision of the 'Handbook for Volunteering' is already scheduled for 2017-18. The development of the Volunteering in NHSScotland Programme into the sphere of social care should be monitored and a revision of the Developing Volunteering Toolkit considered at that time.

Recommendation 12:	Any extension of the Volunteering in NHSScotland Programme into the social care arena could include a revision of the Developing Volunteering Toolkit.
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There was less awareness and use of the publications produced during the Refreshed Strategy for Volunteering Programme (2008-2011) than more recent publications, possibly due to the guidance already being implemented. NHS Boards could ensure that any new volunteer management staff are made aware of the suite of publications. All are available from the Scottish Health Council website.

Recommendation 13:	NHS Boards may wish to signpost new staff who manage volunteers to the suite of publications from the Refreshed Strategy for Volunteering and the Volunteering in NHSScotland Programmes.
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Evaluation of volunteering

Participants in the survey were asked how they measure the impact of volunteering.

The depth of comment on the responses suggested a strong commitment to the measurement of volunteer impact. Many comments included reference to volunteers, patients and staff. One referred to relatives.

The feedback suggests a good understanding of the separation of qualitative and quantities measurement.

Responses are summarised as follows:

Qualitative measurement

- ▶ Anecdotal corridor conversations when people will stop me and make comment
- ▶ Capturing success stories from volunteers and ward staff
- ▶ Case studies
- ▶ Feedback from patients, relatives and volunteers
- ▶ Including questions on volunteer input when patients/families asked for feedback, taking a note of informal comments etc to feed back to volunteers
- ▶ Increased requests for volunteer roles coming from patients, carers and visitors and staff
- ▶ observation of volunteer interaction and gathering of observations from clinical and Allied Health Professionals staff
- ▶ Patient and volunteer feedback (satisfaction)
- ▶ Patient Opinion
- ▶ Recording anecdotal feedback
- ▶ Speaking to patients who enjoy the company of a volunteer
- ▶ Speaking to staff who praise the work of volunteers in the hospital
- ▶ Speaking to volunteers and learning what they get out of it
- ▶ Staff and volunteer experiences gathered through email and telephone conversations
- ▶ Staff participation in activities which have volunteer input
- ▶ Verbal feedback from patients, staff, visitors, other hospital staff; open consultations days in the cafe area for patients and carers
- ▶ Volunteer stories shared at Board level

Quantitative measurement

- ▶ Demographics of volunteers
- ▶ Financial return audits in the past
- ▶ Number of volunteers, where they are engaged, how often and how long
- ▶ Recording the number of hours given, miles driven etc by each volunteering role

Other comments

- ▶ Exit questionnaires for volunteers
- ▶ Feedback from patients (though difficult to collect)
- ▶ Feedback from volunteers and staff after specific events
- ▶ Staff and volunteer questionnaires
- ▶ Through the Participation Standard
- ▶ Previously carried out an impact assessment survey but found it didn't gather the required data, need to look at another way of measuring the impact

Engagement with volunteer managers at the Volunteer Manager Network meeting in March 2017 provided the Volunteering in NHSScotland Programme with a range of suggested indicators for the national outcomes. The outputs from the session will be used in conjunction with the feedback above to develop an evaluation framework for volunteering in NHSScotland.

Future support from the Volunteering in NHSScotland Programme

The survey asked participants what they would like to see from the Programme in the future.

This open question provided a range of responses. Five requests were made for services or functions that are outwith the remit or influence of the Volunteering in NHSScotland Programme or were simply unclear.

The second most common theme was continued support to volunteer managers through the provision of information, network meetings and the sharing of good practice. These areas of work form part of the core activity of the Volunteering in NHSScotland Programme.

Two requests for more accessible training and meetings were made. The Volunteering in NHSScotland Programme moved from a structure of three regional meetings and one national meeting in 2015. The change to two national meetings was made to increase attendance and to ensure that those who attended the north meeting (only ever attended by two NHS Boards) were not placed at a disadvantage.

Upon the move to two national meetings, central Edinburgh was chosen as it is well-served by public transport and affords those travelling from the island Boards a reduced length of stay on the Scottish mainland (and therefore reduces costs). Consideration may be given to an alternative location for one of the meetings with attention paid to the impact on attendance.

Recommendation 14:

The Volunteering in NHSScotland Programme should consider holding each of the two annual Volunteer Managers Network meetings in different locations

Of the other suggestions, a number of related activities are already underway:

Suggestion	Current activity
Guidance on indirectly-engaged volunteers	This will be provided by Voluntary Health Scotland through the Clear Pathway programme in April 2017 followed by an event in September 2017
A clear strategy from Scottish Government	A Ministerial Visit was arranged by NHS Lothian on 1 February 2017. This was followed by a meeting between the Chair of the National Group for Volunteering and the Minister for Public Health and Sport. We are now in discussion with Scottish Government on this topic.
The sharing of role descriptions between NHS Boards.	Work is already underway with the Volunteering Information System User Group to build this facility into the Volunteering Information System. It is expected to be available in 2017.
Continued support and structure to the National Group for Volunteering	A review of the National Group was undertaken in 2016-17. Recommendations were agreed by the Group and engagement with Strategic Leads for Volunteering will follow in 2017.

One request for training for staff who are not volunteer managers was made. The request related to the practices and processes within NHS Boards. As such it is not possible to deliver a centrally produced intervention that would meet the needs of the 22 NHS Boards. Instead, NHS Boards could ensure that support is in place locally for new staff where volunteering is included in their role. This further reinforced the statement made in **Recommendation 12**.

Appendix 1: Survey questions

Question		Rationale	Baseline/comparison
Section: Volunteer management in your board			
1	What NHS Board do you work for?	Linked to Q8, also necessary to separate regional and special health boards in the analysis.	Needs analysis 2012, VSMS in Scotland 2002 survey
2	What is your job title?	Required to distinguish between roles that are dedicated to volunteer management and others where it only forms a small part of a larger role	Needs analysis 2012
3	How long have you been in your current role?		Needs analysis 2012
4	Is your post permanent or fixed-term?	Required to ascertain the nature of the volunteer management workforce	VSMS in Scotland 2002 survey
5	What is the whole time equivalent of your post?	Required to ascertain the nature of the volunteer management workforce	VSMS in Scotland 2002 survey
6	How is the post funded? (core, endowment, other)	Required to ascertain the nature of the volunteer management workforce	VSMS in Scotland 2002 survey
7	What band is your post?	There are variances and inequities across NHSScotland. We seek the baseline data on this to support future development and advice to boards.	
8	Do you receive any administrative support?	Lack of admin has been highlighted in Needs analysis 2012 and ongoing engagement with volunteer managers	

Question		Rationale	Baseline/comparison														
9	How many posts in your Board are dedicated volunteer management positions?	To identify accuracy of the findings. Can be correlated to responses.															
10	In terms of how volunteers are supported and managed, which of these best describe your role: (a) Centralised volunteer management where you manage and support volunteers directly (b) Decentralised volunteer management where the day to day support is this delegated to staff locally (c) Mixed model, where you retain responsibility for some directly managed volunteers whilst others support volunteers locally.	To identify an accurate picture of models of volunteer management	A review of volunteer management arrangements within NHSScotland														
11	How many volunteers do you directly manage? (i.e. day-to-day support and management responsibilities, not delegated elsewhere)	To compare with 2002 and 2012 results	Needs analysis 2012, A review of volunteer management arrangements within NHSScotland														
SECTION: Managing volunteers																	
12	<p>On an average week, what percentage of your time is spent in each of the areas below?</p> <table border="1"> <tbody> <tr> <td>Aspects of your role that do not relate to volunteering</td> <td>%</td> </tr> <tr> <td>Key Area A: Develop and evaluate strategies and policies that support volunteering</td> <td>%</td> </tr> <tr> <td>Key Area B: Promote Volunteering</td> <td>%</td> </tr> <tr> <td>Key Area C: Recruit and Induct Volunteers</td> <td>%</td> </tr> <tr> <td>Key Area D: Manage and develop volunteers</td> <td>%</td> </tr> <tr> <td>Key Area E: Manage yourself, your relationships and your responsibilities</td> <td>%</td> </tr> <tr> <td>Key Area F: Provide management support for volunteering programmes</td> <td>%</td> </tr> </tbody> </table>	Aspects of your role that do not relate to volunteering	%	Key Area A: Develop and evaluate strategies and policies that support volunteering	%	Key Area B: Promote Volunteering	%	Key Area C: Recruit and Induct Volunteers	%	Key Area D: Manage and develop volunteers	%	Key Area E: Manage yourself, your relationships and your responsibilities	%	Key Area F: Provide management support for volunteering programmes	%	To identify how much time is spent on operational matters versus strategy and management.	Needs analysis 2012
Aspects of your role that do not relate to volunteering	%																
Key Area A: Develop and evaluate strategies and policies that support volunteering	%																
Key Area B: Promote Volunteering	%																
Key Area C: Recruit and Induct Volunteers	%																
Key Area D: Manage and develop volunteers	%																
Key Area E: Manage yourself, your relationships and your responsibilities	%																
Key Area F: Provide management support for volunteering programmes	%																

Question	Rationale	Baseline/comparison	
13	<p>What examples of good practice would you like to highlight under each of the following key areas?</p> <p>Key Area A: Develop and evaluate strategies and policies that support volunteering Key Area B: Promote Volunteering Key Area C: Recruit and Induct Volunteers Key Area D: Manage and develop volunteers Key Area E: Manage yourself, your relationships and your responsibilities Key Area F: Provide management support for volunteering programmes</p>	<p>To identify good practice and support a revision of the Handbook for Volunteering in NHSScotland</p>	<p>Needs analysis 2012</p>
14	<p>What challenges do you experience under the following key areas?</p> <p>Key Area A: Develop and evaluate strategies and policies that support volunteering Key Area B: Promote Volunteering Key Area C: Recruit and Induct Volunteers Key Area D: Manage and develop volunteers Key Area E: Manage yourself, your relationships and your responsibilities Key Area F: Provide management support for volunteering programmes</p>	<p>To provide direction to the future programme and support to volunteer managers</p>	<p>Needs analysis 2012</p>
15	<p>How do you measure the impact of volunteering?</p>	<p>To support the feedback received in the evaluation that support is required in this area</p>	<p>Evaluation of the Volunteering in NHSScotland Programme (Dec 2014)</p>
Section: Governance			
16	<p>What training/induction do volunteers receive?</p>	<p>To feed into Lampard review activity</p>	<p>Lampard Report</p>
17	<p>What refresher training do volunteers receive and how often?</p>	<p>To feed into Lampard review activity</p>	<p>Lampard Report</p>
18	<p>What type of reporting do you produce on volunteering? How often and who does it go to?</p>	<p>To feed into Lampard review activity</p>	<p>Lampard Report</p>
19	<p>When was your volunteering policy last reviewed?</p>	<p>To feed into Lampard review activity</p>	<p>Lampard Report</p>
20	<p>When was your volunteer expenses policy last reviewed?</p>	<p>To feed into Lampard review activity</p>	<p>Lampard Report</p>
21	<p>When was your volunteering risk register last reviewed?</p>	<p>To feed into Lampard review activity</p>	<p>Lampard Report</p>
22	<p>Do you have a Volunteering Steering/Development/Improvement Group in your NHS Board? Who forms the membership?</p>	<p>To feed into Lampard review activity</p>	<p>Lampard Report</p>

Question	Rationale	Baseline/comparison
23	Have you heard of the Lampard Report?	To feed into Lampard review activity -
Section: Volunteering in NHSScotland Programme		
24	<p>Have you used the following materials? (scale: have not heard of it, no, a little, a lot)</p> <ul style="list-style-type: none"> ▶ What non-executive NHS Board members can do to support volunteering (Sep 2015) ▶ Developing Volunteering Toolkit (Apr 2014) ▶ Volunteering in NHSScotland: a starting point for engaging young volunteers in the NHS (Feb 2014) ▶ Volunteering in NHSScotland: a handbook for volunteering (Feb 2014) ▶ Checklist for designing volunteer roles (Sep 2013) ▶ Communications Framework (Nov 2012) ▶ Guidance on Reimbursing "Out of Pocket" Expenses for Volunteers (Sept 2011) ▶ Staff Induction, VDS (July 2010) ▶ Volunteer Induction, VDS (July 2010) ▶ Employer Supported Volunteering, VDS (July 2010) ▶ Achieving Inclusive Volunteering in NHSScotland, VDS (June 2009) 	To evaluate the use of these publications and support an update to the Handbook
25	What would you like to see from the Volunteering in NHSScotland Programme in the future?	To provide future direction to the programme
26	Is there anything you'd like to say about this research?	To provide space for feedback
Section: Final thoughts		
27	Please enter your email address if you wish to receive the final report. The report will also be made available on the Scottish Health Council website so you do not have to submit your address.	

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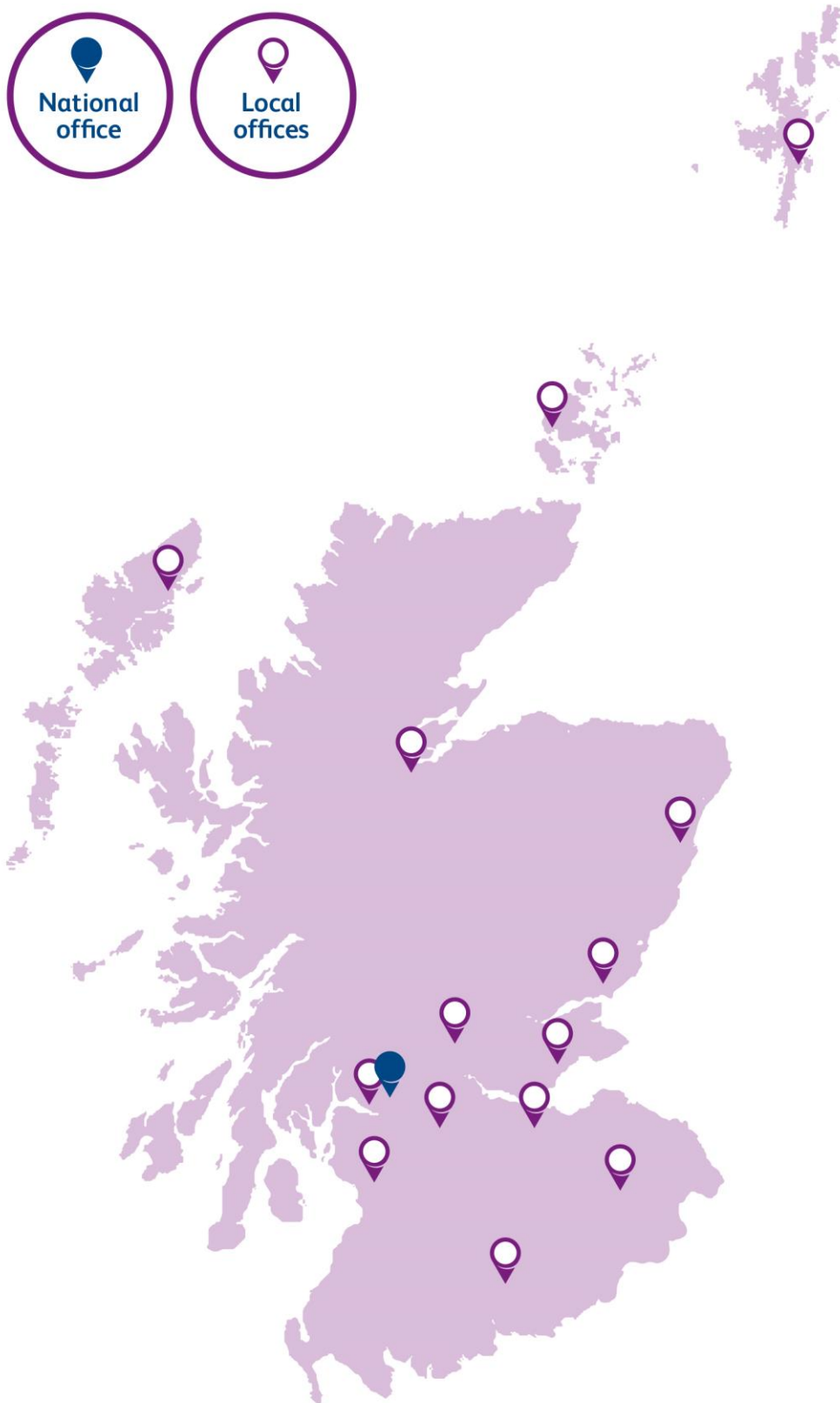
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