Volunteering in NHSScotland
Needs analysis – summary of findings

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Contents

Introduction

This paper provides a summary of the findings taken from the needs analysis survey conducted in August 2012 and makes recommendations on the development and delivery of training.

The needs analysis project forms part of the Volunteering in NHSScotland Programme of work that works towards the following outcomes:

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

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.*

This project relates to Outcome 2 and aims to identify learning and development needs amongst NHS staff who manage or support volunteers.

Methodology

The Needs Analysis Development Group was assembled to discuss methodology and approach in May 2012. The Group met in June and discussed and planned the project.

This included the proposal to frame the survey around the National Occupational Standards for Volunteer Managers. This approach was accepted on the basis that the Standards had been developed and consulted on with input from a range of agencies, the high regard in which the Standards were held and the necessity to progress with this project as soon as possible rather than develop something new.

The needs analysis was carried out using a Survey Monkey online questionnaire as it was felt that earlier work in the Programme had helped to identify suitable themes to frame the questions.

It was felt necessary to provide a level of anonymity to participants in the survey. For this reason neither names nor contact details were requested.

Questions on the individual's job title and the organisation they work for were included to allow results to be segmented appropriately and to provide feedback on what boards had taken part in the survey.

Participants were also asked how long they had been in their current position, how many volunteers they directly manage, the focus of their role and whether they are the nominated lead in their NHS board.

A series of questions on each of the Key Areas of the National Occupational Standards for Volunteer Managers were posed, asking:

- How does Key Area x relate to your role?
- What examples of good practice within this Key Area would you like to share with other boards?
- What challenges do you experience in this key area?
- What do you think should be done to resolve these challenges? By whom?

A further question asked what percentage of time was spent on each Key Area on an average week and whether there were other areas of work that participants would like to focus on given more time.

One final open-ended response was solicited for any comments on the survey or the Programme in general.

A full list of the questions is in Appendix 1.

Distribution and responses

The survey was sent to 62 NHS staff members on 7th August.

On 20th August an e-mail highlighting the number of responses (29) and the NHS boards represented in the responses was sent.

The survey closed on Tuesday 28th August with a total of 40 responses. Whilst it may appear that this equates to a 65% return rate it should be noted that the link to the survey may have been passed on to other colleagues not on the original distribution list.

Two responses were submitted after the closing date. These have been included in this summary bringing the total to 42 responses.

A high number of responses were received from staff working in the Greater Glasgow and Clyde area. This is likely to be the result of their own internal Volunteer Managers Network which comprises of a number of colleagues working in Health Improvement.

NHS Board/organisation	Total	
NHS 24	1	2%
NHS Ayrshire & Arran	1	2%
NHS Borders	1	2%
NHS Fife	3	7%
NHS Grampian	3	7%
NHS Greater Glasgow & Clyde	12	28%
NHS Health Scotland	1	2%
NHS Highland	2	5%
NHS Lanarkshire	1	2%
NHS Lothian	6	14%
NHS National Services Scotland	1	2%
NHS Orkney	1	2%
NHS Tayside	6	14%
NHS Western Isles	1	2%
The State Hospital	1	2%
Unknown	1	2%
Volunteer Centre	1	2%
Total responses	**43**	

Participants in the survey were asked to provide their job title. Not every post that has a responsibility for managing volunteers has the title of "Voluntary Services Manager".

Job titles of a similar nature have been grouped in order to provide a more meaningful analysis of the responses. The term "Voluntary Services Manager" is used throughout this report and encompasses this larger group of staff.

Participants in a Voluntary Services Manager (or equivalent) role provided 40% of the responses with 17 submitted. This was followed by 11 participants from a Health Improvement background forming 23% of the responses.

The full list is collated in the following table.

Role	Total	
Chaplaincy	2	5%
Health Improvement	10	23%
Human Resources	1	2%
Nursing/care role	2	5%
Other/specialist	2	5%
Patient Focus Public Involvement	4	9%
Senior Management	2	5%
Service Manager	1	2%
Unknown	1	2%
Volunteer Centre	1	2%
Voluntary Services Manager or similar role	17	40%
Total	**43**	

Findings

A detailed extraction of the responses is provided in this section – formatted into tabular format to assist in analysis.

It should be noted that in some cases the questions were not fully answered, e.g. "What do you think should be done to resolve these challenges? By whom?" and in others references to specific NHS boards have been removed to maintain confidentiality.

Demographics

Further to the NHS boards and roles identified in the Methodology, participants' responses to the other opening questions are summarised in the tables below.

How long have you been in your current position?	Total	
Less than 3 years	9	21%
Between 3 and 6 years	8	19%
Between 7 and 10 years	10	23%
More than 10 years	14	33%
Unknown	2	5%
Total	**43**	

When analysing the responses from Voluntary Services Managers alone there is a greater number of staff who have been in post for more than seven years, three quarters of them.

How long have you been in your current position?	Total	
Less than 3 years	3	19%
Between 3 and 6 years	1	6%
Between 7 and 10 years	4	25%
More than 10 years	8	50%
Unknown	1	6%
Total	**16**	

Participants were also asked how many volunteers they directly manage. In most cases this was provided as a straightforward number but in some cases a range was given. The median point of a range has been used in these cases.

Some participants noted that they do not manage any volunteers (e.g. they might be in a managerial role supporting a Voluntary Services Manager).

33 participants responded that they directly managed a total of 2,649 volunteers. This equates to an average volunteer manager to volunteer ratio of 1:80.

The table below summarises the data into grouped ranges.

Number of volunteers managed	No	
Zero	8	19%
Less than 5	8	19%
5 to 10	3	7%
11 to 50	11	26%
51 to 100	3	7%
101 to 200	6	14%
201 to 250	0	0%
251 to 500	2	5%
500 or more	1	2%
Unknown	1	2%
Total	**43**	

Due to the variety of roles involved in managing volunteers and the difference challenges encountered in each setting a question was asked on the focus of the participant's role in relation to the NHS setting.

Focus of role	No	
Acute, hospital-based	13	30%
Community-based	12	28%
A mix of acute and community-based	7	16%
Based in the voluntary sector	3	7%
Special health board	3	7%
Other - day care	1	2%
Other - hospice	2	5%
Other - strategic	1	2%
Unknown	1	2%
Total	**43**	

Participants were asked if they were the Nominated Lead for Volunteering. Nine people responded saying they were and 32 said they were not (two did not answer the question). This question was asked in order to attain a level of understanding of the different roles that hold that responsibility.

Of the nine who hold the title the job title vary across different disciplines:

Nominated leads for volunteering	No
Adult Care Manager	1
Donor Recruitment & Publicity Officer	1
Head of Community & Health Improvement Planning	1
Health Improvement Lead - Acute Services	1
HR Officer	1
Lead Chaplain, Strategic Diversity Lead, VSM, Bereavement Coordinator	1
Patient Focus Public Involvement Lead	1
Voluntary Services Manager	2
Total	**9**

Participant practice and the National Occupational Standards

Participants were asked how each Key Area of the Standards related to their role. This self-assessment question was asked in order to identify where there were areas of need.

The following scale was used for these questions.

- Competent, confident and willing to mentor or support others
- Competent and confident
- Undertaken in practice but experience difficulties
- I have some understanding of this but limited experience
- This is a new area for me, I have limited or no experience in this
- This is not within my remit

The majority of participants noted that they are competent and confident in each of the Key Areas. There appears to be less need in Key Areas C and D than in the other areas.

Whilst a number of participants have noted a willingness to mentor or support others, the challenges in capacity highlighted by many may limit internal mentoring support to others in the network.

Participant self-assessment	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
Competent, confident and willing to mentor or support others	3	6	5	4	1	1
Competent and confident	14	13	17	15	12	9
Undertaken in practice but experience difficulties	5	2	2	5	5	7
I have some understanding of this but limited experience	8	6	1	1	6	7
This is a new area for me, I have limited or no experience in this	0	1	1	1	2	1
This is not within my remit	4	3	3	3	3	4
Total responses	34	31	29	29	29	29

Examples of good practice

For each Key Area, participants were asked if they had any examples of good practice they would like to share with other boards.

This question was asked in order to support people to consider what they have produced locally that might be of use to others. The event held in February 2012 included a marketplace session where delegates could share practice but the take-up was poor. This question aimed to encourage the further sharing of practice.

Some responses were not specific enough to identify a particular piece of work or example. The following is a collated list of the responses that provided a level of clarity with specific references to boards removed. The responses have been summarised into particular topics.

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

- *Recruitment packs and systems of recruitment*
- *Ongoing training including reflective practice*
- *"Introduction to volunteering" sessions for ward staff*
- *Volunteer training programmes*
- *A dedicated person with responsibility for volunteers*
- *Regular steering group meetings chaired by the Strategic Lead for Volunteering*
- *Board action plans for Volunteering*
- *A Volunteer Hub that supports people to find volunteering opportunities*
- *Experience in supporting volunteers with health problems and support needs*
- *Development of a co-productive model of volunteering with a mental health hospital*
- *Outsourced volunteer management*
- *A volunteer charter that defines volunteering and makes a distinction between what volunteers and staff do clinical settings*
- *The process of developing a volunteering policy or strategy, ensuring accessibility*
- *The review of the volunteering policy*
- *Evaluation of the contribution made by volunteers*
- *The development of structures, systems and procedures to support volunteering*
- *3-year action plan for volunteering*
- *Guidelines for volunteers*
- *Guidelines for Voluntary Services Managers*

Key Area B: Promote Volunteering

- *Development of web pages both for staff Intranet and board web site*
- *Sharing of information on successful projects in staff magazine*
- *Links with local colleges and universities*
- *Supporting individuals with support needs into volunteering*
- *Reporting volunteering activity to consultants and other members of a multi-disciplinary team*

- *Promoting volunteering through existing volunteers, Volunteer Centre and television screens*
- *Holding events on the benefits of volunteering for mental health*
- *Ensuring that volunteering is on the agenda at meetings*
- *Awareness sessions for staff, promoting volunteer roles*

Key Area C: Recruit and Induct Volunteers

- *Induction DVD to cover off some basic aspects of induction*
- *Recruitment Pack*
- *Annual study days and more informal opportunities as well as social networking for discussion and development*
- *New application form and induction programme*
- *Ensuring that Charge Nurses/Dept Leads are included in the process from the outset*
- *Facilitate local induction and training sessions which are focused on the area the vols will be placed in, with key staff contributing to each session*
- *Induction programmes are evaluated by prospective volunteers - we take on board feedback and build on this to ensure our training is bang up to date, relevant, current etc. Induction programmes also interactive, facilitate, experiential, peer group, learning etc.*
- *Strong robust process within Patient Information Centre service. Appropriate selections and ongoing mentoring and volunteer training help to support retention of PiC volunteers*
- *Training and development of volunteers*
- *Volunteer retention*
- *Up to date role descriptions*
- *Opportunity for volunteers to attend corporate induction*
- *Recruitment documentation*
- *E-learning available to volunteers to complete, enhancing their skills and allowing them to gain experience in the learning and development environment*

Key Area D: Manage and develop volunteers

- *learnpro community*
- *Regular use of annual review meetings and the opportunity to be available should difficulties arise, encouraging reflection on interaction with clients/users of the service*
- *Open door policy of support and supervision - essential where volunteers are dealing with issues surrounding death and dying*
- *Quarterly volunteer network and training programme*
- *Individual volunteer development plans*
- *Robust expenses processes and procedures*
- *Excellent teamwork within the volunteer network*
- *Regular focus groups with volunteers and review of practice*
- *Volunteer Learning and Development*
- *A volunteer file is kept with all relevant paperwork and regular catch ups take place*
- *Effective communication - placing the volunteer at the centre of activity, giving them a sense of trust and a place in the organisation*

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

- *Guides for volunteers and staff on recruitment*
- *Ongoing discussion and development within the department meetings as to issues that may be addressed as they arise*
- *Continuation of the Investing in Volunteers group which now meets bi-monthly and addresses Board wide issues as well as sharing good practice between each CHP and other managers (apart from VSMs) who have responsibility for volunteers*
- *We have a volunteer managers group within the board to provide us with peer support and information*
- *Being part of the Volunteer Centre and signposting volunteers who maybe have different skills to other agencies.*
- *Working with stakeholders to develop support networks, liaison internally with our health and safety rep and development of systems with regards to recruitment, selection, induction and support in the workplace*
- *Invite volunteers to committee meetings and stakeholder events*

Key Area F: Provide management support for volunteering programmes

- *Expenses policy*
- *Well developed programme of involving new volunteers*
- *Show that volunteer projects are addressing our corporate aims and contributing to our objectives - developing volunteer skills and interests whilst also diversifying and expanding the role of volunteers across the Board to meet the communities' health needs*
- *Consultation on volunteering strategy, integration of health & social care, mental health & wellbeing strategy Examples of innovative volunteering involvement through Change Fund (innovative services to older people)*
- *Carry out assessment meetings with Volunteers*
- *Volunteers invited to sit on governance structures as members of the committee*

Challenges and solutions

Participants were asked to identify challenges under each of the Key Areas. This was asked in order to identify whether needs related to board practice, structures or national policy. A question asking "What do you think should be done to resolves these challenges, by whom?" was also posed.

The responses have been grouped into themes below. In some cases the challenges are specific to an NHS board. Reference to a specific board, department or hospital has been removed to preserve anonymity.

A strong theme throughout all key areas is the issue of capacity and lack of resources.

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

Theme	Challenges	Solutions
Capacity and resourcing	My role is not permanent within the organisation so it is difficult to plan long-term.	Greater budgets focussing on volunteering would be useful.
	Standardisation within lots of different areas	Group discussion ongoing - whole team
	As a half - time post there are time constraints against the background of a very busy acute hospital patient turnover	Make more time allowance for the preparation and development of learning experiences integrated with ongoing chaplaincy work. Departmental managers
	Finding enough time within my working week to spend as much time as I would like developing this part of my role.	Not sure - need to have a more equitable volunteer management arrangement within the board. We have produced a paper outlining how we think it should work but getting this agreed and implemented might prove difficult.
	The Volunteer Co-ordinator role is in addition to my substantive role. There have not been many volunteers within the organisation for some time but we are now managing to engage with some new volunteers and hope to have them started in the coming months.	
	Time as this is not my only work area	Dedicated time and strategic direction from the organisation

Theme	Challenges	Solutions
	Dual Role	At national level it would be apt to advise that volunteer management requires to be undertaken as an individual and focussed role.
	More investment in volunteering	Promote examples of good practice where they show a ROI
	Time management and competing demands.	No action required beyond monitoring effectiveness of the scheme.
	Lack of a Volunteer Services manager for the organisation means that there is little practical support to developing a structure for volunteering through the organisation or to take on learning from other Boards. Having tendered for a strategy to be developed by an independent organisation it is now a struggle to get it achievable, accepted and implemented.	Health Board needs to agree an implementation plan and recognise the need for dedicated resource.
Evaluation and value of volunteering	Biggest challenge can be evidencing the input of volunteers and highlighting their value in a formal way which shows they are contributing to the board's strategic aims. We know what they are doing, etc but we need to be able to show the key policy drivers we are using to achieve positive outcomes.	The use of Driver Diagrams is a concise way of showing at a glance how a volunteer project is enhancing the patient experience. VSMs can use these to present information to senior staff, etc.
	Evaluation of volunteers contribution to strategic goals	Easy to use tools to evaluate volunteer contribution. Would like to see what others are doing
Focus of volunteering and other volunteering matters	Focus tends to be on mainstream - sometimes hospice appears to be marginalised.	Volunteer lead within board ought to ensure that the hospice/palliative care units, housing volunteers should be included.
	Lack of understanding of boundaries where you can use a volunteer and where you cant	Clearly defined boundaries
NHS board issues	Having the policy ratified by the organisation	Have a clear reporting mechanism within the organisation with a lead for volunteering
	Complexity and scale of the board Lack of training and guidance and policy	Policy lead support and adequate investment
	Complexity of the organisation and difficulties of "one size fits all".	

Theme	Challenges	Solutions
	Geographical area huge.	
	My understanding is competent, however starting the processes in practice has been new to me and the organisation. Fortunately, we had an existing volunteering policy.	By establishing our current volunteers as part of a wider 'pilot project' we have resolved some challenges as we took a paper to our Partnership Forum to get the support of the wider organisation.
	Changes in legislation and/or organisational changes which result in amending and updating documents regularly.	
Staff buy-in	Lack of awareness, understanding and 'buy-in' of service leads in respect of the potential contribution volunteers can make to enhance existing practice which impacts on support in general for volunteering. In particular embedding this potential within individual service delivery goals.	Increased focus at Chief Exec level - Scottish Exec Training programmes for service leads - Volunteer Leads in conjunction with VDS Examples of direct results in terms of value - enhanced quality of care - service users
Volunteer recruitment	Volunteering is a new/different field of work for many NHS staff. Recruitment processes for volunteers in the NHS are lengthy and overly complex (particularly with regard to occupational health checking - is this really necessary/appropriate?) Commitment to volunteering at top level often has difficulty filtering down to grass roots staff Voluntary Services Managers are swamped with demand from potential volunteers	Simplification of recruitment processes - does this need to be addressed at Board level?

Key Area B: Promote Volunteering

Theme	Challenges	Solutions
Advertising of opportunities	Communication department within this board tends to lump all volunteering opportunities together. The hospice is a specialised and stand-alone unit, it would be helpful if communication department would show our volunteer opportunities separately. Not everyone wants to assist within a hospice and prospective volunteers can become a bit annoyed/upset when they discover the volunteer role is within the hospice.	Communication department follow instruction and requests - maybe utilise a more common sense approach/listen to feedback from prospective volunteers/volunteer manager etc.
Capacity and Volume of enquiries	Too many applicants	Admin support
	There is a reluctance to take on more volunteers than we can manage, support and utilise in a productive and satisfying way within time constraints	It would be possible to take on many more volunteers if their deployment was more coordinated, by someone with dedicated time and the appropriate skills and understanding of the volunteering role.
	Time to do this effectively within my working week	Not sure
	The high level of enquiries for volunteering opportunities. Managing the recruitment process and placing volunteers appropriately.	As the numbers of volunteers continue to increase I think each staff group need to take responsibility for their own volunteers. I am there to provide advice, but the day to day support of vols should be undertaken by the Charge Nurse.
	Volunteering in NHS remains a high status activity in the eyes of the general public, so VSMs are swamped with interest. Capacity is at saturation point	More VSMs and opportunity to adapt procedures to enable better/more effective partnership working with third sector agencies
	Lack of time	
Placing volunteers	Can be difficult to find placement able to offer support	
Staff buy-in	Getting buy in from all staff around the importance of supporting volunteers.	Changes have already happened as clinical staff have positive experiences and discuss these with colleagues this is leading to more buy in.

Theme	Challenges	Solutions
	Making staff aware of how important a volunteer can be in their area.	The lead for volunteering can and does support VSM's, however, on the ground level VSM's can come under pressure to make sure that there are more roles for volunteers to take up. Staff can be wary.
	Some of the questions at the awareness raising sessions, however valid can be direct and challenging.	Increased knowledge, training and experience.
	Ensuring that senior staff understand the role that volunteers have within the organisation. They are part of it not some add on.	Communication.
	Not within my remit however main challenge in this area is getting operational leads and professional leads to recognise the value of volunteering but this is very difficult when they are so hard pressed.	
Volunteer Centres	Had some support from the local Volunteer Centre but generally had to identify contacts for Volunteer Involving Organisations myself. Had anticipated that the Volunteer Centre would play a bigger role in this.	Clearer understanding of the role of the local Volunteer Centre and their role.
Volunteer management by staff	Services putting the resources to effectively manage volunteers	More investment from the Scottish Government, or a CEL
Volunteer recruitment	Challenge to attract volunteers to come to this unique environment	More focussed recruitment, specific to the needs of individuals relating to care and treatment plan objectives - PFPI Lead
Volunteer retention	Constantly changing staff which make volunteer retention difficult	Increasing knowledge of volunteering amongst staff. May be difficult to achieve in current financial climate.
Working with other agencies	Practicalities of providing support to volunteers who are outwith board standards can prove tricky at times	Improved communication between board and voluntary organisation

Key Area C: Recruit and Induct Volunteers

Theme	Challenges	Solutions
Capacity and volume of enquiries	Time for the recruitment and selection process.	Use the time as efficiently as possible and continue to select those for 'informal chat' who have best potential to fulfil the volunteer role descriptors.
	Too many volunteers	Remove internet access - admin support
Delays in placing volunteers	Length of time it takes to get people through OSHAS and disclosure checks.	We need consistency of approach from the various OHSAS departments across Scotland. Ours sees every volunteer and is I think over rigorous in its checks. It is a barrier to successful recruitment
	Practical issues - getting a date to suit all those concerned! The recruitment process whilst thorough, is slow and can lead to frustration from volunteers who are eager to get started.	Disclosure Scotland - all our applications initially go to a central point then are forwarded to DS - this can be a lengthy process.
	Time. Some resistance to totally inclusive practice in respect of embedding volunteers fully within service delivery. Restrictions in terms of the nature of this environment impact on quality of induction.	Use volunteer support to help build on current process - PFPI Lead Embed volunteering within the generic induction process hospital wide - PFPI Lead
Miscellaneous		Lack of training and guidance. NHS Scotland
NHS board issues	Support of fellow staff colleagues	
	There is a lack of core training/induction processes across the organisation, which would be key to most volunteering roles. The specifics can then be picked up by individual projects and staff members.	Corporate/Board group should look at developing this.
Placing volunteers	Learning to select appropriate volunteers for the service	Well supports from NHS Volunteer Management
Policy development	Using guidance available but having to develop Volunteer Handbook and plan Induction from scratch.	Off the shelf guidelines that could be used across the NHS.
Supporting volunteers	The education and practical supervision of the volunteers is very resource intensive as they have a very specific task description.	Recognition of the need to provide further clinical resource to support volunteers within the clinical setting.
	Immediate supervisors of volunteers need support to do this effectively.	

Theme	Challenges	Solutions
Volunteer motivation	Maintaining volunteers motivations once the volunteers start on the wards properly without Voluntary Services Support.	Wider support and buy in by nursing staff
Volunteer training	Identifying relevant topics which can be helpful to a cross - section of ages, abilities and experience	Earmark time funding and personnel with some of understanding of how adults' learning is based on experience
	Volunteers being confident enough to undertake the learning modules.	I am currently encouraging some volunteers to undertake the training and have offered to sit with them as they complete the modules.
Volunteer turnover	Retention of new applicants as a number of them are also applying for jobs etc.	Just the nature of volunteering - we do ask that individuals commit for a minimum of 6 months but this can be difficult.

Key Area D: Manage and develop volunteers

Theme	Challenges	Solutions
Capacity and volume of enquiries	again too many volunteers to place and support	limit recruitment numbers and ensure good support from ward staff
	Finding time. The ward staff where the volunteers help out provide day to day supervision and support and this helps.	More time for the role
	Having a CHP wide remit which covers a large geographical area is very challenging. I can certainly address all the competencies but it can be difficult on 25 hours per week.	Increased hours to reflect the increase in volunteer placements.
	Time constraints.	Board to increase human resources perhaps - get some admin assistance for volunteer management.
	Managing paperwork for in excess of 700 volunteers with no admin support	Admin support
	Until recently time was a huge challenge, however, I now have admin support which has been very helpful.	All VSM's should have administration support to enable all the areas to be kept up to date.
Miscellaneous	Lack of training and guidance	Lack of training and guidance
Volunteer commitment	Volunteers not attending	Very difficult as by nature volunteering is sporadic

Theme	Challenges	Solutions
Volunteer support and development	Overcoming the fear of volunteers being assessed rather than being listened to and supported in a culture of appraisal and evaluation	Awareness raising and development by people dedicated to the role.
	If a volunteer is keen to develop in a certain area and we don't have enough capacity to support this.	We are looking in the medium-term at having a development day with volunteers to engage in discussions around some of these issues
Volunteer training	Making training appealing for a varied audience.	
	Fully embedding volunteers within the staff learning & development programme. Enabling all volunteers to attend group meetings - difficulty with availability of volunteers. Apathy of volunteers to engage in learning and development.	Review staff learning and development programme and identify appropriate multi-disciplinary training for volunteer inclusion - PFPI Lead

Geographical challenge in respect of enabling better attendance at group meetings - ? Devise individual learning and development programmes which will support the needs of volunteers to gain skills for work in other areas - PFPI Lead |

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

Theme	Challenges	Solutions
Access to training	Limited resources, not always able to access training - may have to use annual leave and own money to attend VDS training for example.	Board should ensure that time to train and necessary funding is accessible to all VSMs.
Capacity and volume of enquiries	large numbers over many sites	more resources from board
	Time management - it can be difficult managing your day to day workload alongside the more strategic pieces of work which arise.	- sharing of tasks between managers - not everyone needs to attend certain meetings - those with skills in specific areas will take a lead role
	Time.	Dedicated time or a dedicated role to take this forward.
	Purely time due to my diverse workload.	Fund additional resources - Scottish Exec.
Improvement	Identifying new ways of doing things within limits of resources of time, energy and scope	Appoint funded staff to develop and maintain programmes.

Theme	Challenges	Solutions
Miscellaneous	Lack of training and guidance	Lack of training and guidance.
NHS board issues	Finding time. I have undertaken some training but even fitting this in now is difficult due to other pressures within my job.	Dedicated volunteer managers across board area and a consistent approach from the board.
Recognition of Voluntary Services Manager role	Volunteer management is just part of my role.	Better understanding by management on the importance of volunteer management.
	Lack of co-ordination until membership of forum	Increase profile of VSM forum to support all Volunteer managers
Risk	Risk assessments are a big part of this and needs to be looked at more closely.	There is training on all this issues, however, again time management is a challenge.
Staff buy-in	Staff support of and recognition of the contribution of volunteers	Staff training
Supporting volunteers	Looking at ways to develop others' capacity to support volunteers.	Finding time to communication the systems, procedures, policy and desired outcomes of the overall volunteering pilot. This is getting better through awareness raising sessions.

Key Area F: Provide management support for volunteering programmes

Theme	Challenges	Solutions
Capacity and lack of resources	Gaining funding to promote and expand opportunities.	
	Limited resources - financial and physical	Realistic resources from board - recognition of benefits and cost of volunteers
	Limitations of time and opportunity	Develop pool of people with the relevant skills so as to share the development work
	Still trying to fit all this in to the time available	See previous answers
	Again, prioritising work load within part-time hours.	
	Support at the "top" but lack of resources to implement	
	Unavailability of funding for volunteer related initiatives, including social events for volunteers.	Hospice - utilise palliative care monies from endowments.

Theme	Challenges	Solutions
	Took some time to develop process but now works well due to low Staff to volunteer ratio (1:3)	N/A
	Purely time due to diversity of post and workload - PFPI & Equality Lead	Additional resources - Scottish Exec
	Lack of knowledge and consistency through the organisation and again, lack of identified personnel with a responsibility to manage and promote volunteering within the organisation and to represent it.	Health board need to resource and promote volunteering within the organisation
Recognition of Voluntary Services Manager role	Responsibilities being a lot less than others perceive	Clarity about what role is
Reporting	Resources required to report on volunteering activities to external agencies.	NHSScotland to consider how it can further streamline formal reporting activities.
Volunteer Centres	Limited support from Volunteer Centre. Had to gather most of contacts myself.	Strategic planning. Closer working relationships across partners and volunteer centre.
Volunteers acting outwith boundaries	Volunteers who try and do roles that are not volunteers roles	

Where staff spend their time

25 Participants responded to the question that asked how much time is spent on an average week under each Key Area of the Standards. An additional entry was included for acknowledging time spent on other matters (taking into account that in many cases staff have additional responsibilities).

The table below shows the results of this question for all who responded as well as for the Voluntary Services Managers. It is worth noting that even though the Voluntary Services Managers primary role relates to volunteering they still spend, on average, half a day a week on additional responsibilities.

Key Area	All responses	Voluntary Services Managers
A: Develop and evaluate strategies and policies that support volunteering	5%	5%
B: Promote Volunteering	7%	9%
C: Recruit and Induct Volunteers	11%	24%
D: Manage and develop volunteers	15%	26%
E: Manage yourself, your relationships and your responsibilities	15%	15%
F: Provide management support for volunteering programmes	9%	11%
Aspects of your role that do not relate to volunteering	38%	10%

Additional activities – subject to capacity

Participants were asked to identify other areas of work they would like to focus on, given capacity. Answers include extending support to volunteers with additional support needs, increasing the number of volunteer opportunities and developing as a volunteer manager.

The following responses were received:

▸ *Support more volunteers with higher support needs and self development. As majority of hospital staff are not able/willing to spend time accessing training it is expected that VSMs will do this, therefore more time to develop staff/volunteer relations*
▸ *Development work and reflective practice*
▸ *The 25% to roles that do not relate to volunteering due is due to local staff shortages and department structure and not part of the role I was engaged to do. I would like to see this spent on Key Area A & B (B - particularly and specifically within our own service so staff have a greater appreciation) with appropriate time for E and F*
▸ *Recruiting, supporting and training more volunteers. There are lots of opportunities to use volunteers but I do not have the time available to really make it work properly. My involvement is very ad hoc and up predictable depending on other priorities at the time.*

- *Support volunteers with disabilities to volunteer*
- *More time to support the development of volunteering within my team.*
- *I would like to develop myself as a volunteer manager*
- *Managing and training volunteers*
- *All areas which focus on volunteering*
- *Key area D and E*
- *Developing, monitoring and recording volunteers' skills and attributes as many are keen to get back to the workplace.*
- *More volunteering roles and resources to support these roles. An accredited programme of volunteering management.*
- *Spending more time in the wards developing volunteering opportunities/activities.*
- *Creating a fully embedded pathway for volunteering within care and treatment planning.*
- *Training and Education for key personnel within the organisation so that they recognise the potential value of volunteers to the organisation.*

Additional comments

An opportunity to comment on the needs analysis and the Volunteering in NHSScotland Programme was provided to Participants.

The following responses were received:

- *Has there been any evaluation undertaken on Disclosure Scotland since it came in to place for volunteering? It would be interesting to see statistics around volunteer applications. I appreciate our recruitment process has to be thorough but I have only ever had one application returned with a minor offence on it which was so long ago and irrelevant that I recruited the person anyway.*
- *I have a small group of volunteers to manage in maternity services, but the clinical nature of their role requires robust supervision and I do not envisage being able to extend this service unless further resource is made available to manage these volunteers. I believe the needs analysis will try to put systems in place to allow me to be a better volunteer manager.*
- *There is definitely a lack of consistent training and guidance for managing and training volunteers.*
- *Scottish Government require to consult with boards and to understand that volunteering within health is entirely different from volunteering in other areas. The programme should be run by those involved in NHS Volunteering management and not by members of quango who are not directly involved. Allocations for the use of Volunteers should be made to boards and be ring fenced each financial year.*
- *Volunteering is very high on the agenda, and therefore investment in the management of volunteering is critical. A lot of pressure is put on VSM's to recruit appropriate volunteers, however, sometimes there are not enough suitable roles available, and staff have a wariness towards volunteers. This challenge takes up a lot of VSM's time and more could be done from the Board down.*
- *I have found our volunteering pilot to be very successful and some of the feedback from staff, volunteers and stakeholders has been very positive. I hope that the organisation*

continues to see what an asset it is to having volunteers involved not only in programme 'public facing roles', but also in the office environment.   Although, at time it may be challenging it is very rewarding work and the benefits far outweigh the negatives!

▸ *More investment is needed, this could be a requirement of certain funding streams i.e. change fund.*

▸ *I feel very strongly that the Programme is invaluable in raising the profile of volunteering for individual Health Boards who have not yet fully embraced the potential benefits. I also appreciate the learning that comes from participating in a national programme.*

Recommendations

The Needs Analysis Development Group met in September to review the findings from the needs analysis.

The Group acknowledged that results evidenced that the staff who took part in the survey were, in the main, well-versed and confident in managing volunteers. As such there was a reluctance to embark on a training programme similar to that delivered during the Refreshed Strategy for Volunteering.

The Group noted that the survey results suggest that the majority of training needs lie outside of the "core" consistent elements of volunteer management, namely Key Areas C and D of the National Occupational Standards.

> Key Area C: Recruit and Induct Volunteers
> Key Area D: Manage and develop volunteers

However it is recognised that there is a need to ensure that those new to volunteer management and those having come into post more recently may still need to access this "core" training.

It was agreed that the key target audience for a training programme should consist of Voluntary Services Managers (and others managing volunteers) and also ward and community staff.

In light of the findings, the following topics were suggested for training and development opportunities:

Voluntary Services Managers and others managing volunteers

- ‣ Influencing skills
- ‣ Volunteer management training – appropriate to experience
- ‣ Evaluating volunteering

Ward and community staff
An introduction to volunteering that would contain reference to:

- ‣ Understanding the volunteer exchange
- ‣ Understanding of the role of volunteers and their responsibilities
- ‣ Understanding the Voluntary Services Managers' role
- ‣ Motivations for volunteering
- ‣ Retaining volunteers

Development and delivery recommendations

In light of the recommendations from the Group and the findings from the survey the following recommendations are made:

1. Influencing skills training is made available to the Voluntary Services Managers and others supporting and managing volunteers. This would be held centrally.

2. Evaluation training is made available to the Voluntary Services Managers and others supporting and managing volunteers. This would be delivered regionally.

3. Appropriate Volunteer Management training is made available to any staff working with or alongside volunteers. This would consist of:

   (a) Promotion of the on-line learning developed by Volunteer Development Scotland which is currently hosted by NHS Education for Scotland (see appendix 2)

   (b) An application process is developed for NHS staff managing or working alongside volunteers so that they can apply for volunteer management training delivered by Volunteer Development Scotland, paid for by the Volunteering in NHS Scotland Programme and the underspend carried forward by Volunteer Development Scotland from the Refreshed Strategy

4. The Programme Manager reviews the training toolkit currently being piloted in NHS Greater Glasgow & Clyde to include reference to the role of Voluntary Services Managers.

   A further pilot is to take place in NHS Borders. The delivery in both boards will then be reviewed and the toolkit made available to all NHS boards.

5. The development of the Volunteer Managers Network includes the development of mentoring roles for established Voluntary Services Managers who newer members of the network can be signposted to

Appendix 1: Survey questionnaire

Introduction

The Volunteering in NHSScotland Programme aims to support those involved in the management and support of volunteers across the NHS in Scotland.

This is a confidential survey that will drive the design of training and other development opportunities for NHS staff who are managing or supporting volunteers.

The responses you provide will be collated and only aggregated data will be used for analysis.

The survey has been built around the National Occupational Standards for Volunteer Managers. You can read more about the Standards here.

The more honest you are in your responses the more relevant future training and development opportunities will be to your circumstances.

It is envisaged this will take an average of 25 minutes to complete this survey.

Section 1. Background information

1.1 What is the job title for your current position?

1.2 Which NHS board do you work for?

1.3 How long have you been in your current position?
- ☐ Less than 3 years
- ☐ 3- 6 years
- ☐ 7-10 years
- ☐ More than 10 years

1.4 How many volunteers do you currently have direct managerial responsibility for? (i.e. you are the person who supervises and supports them)

1.5 How would you best describe the focus of your role?
- ☐ Acute, hospital-based
- ☐ Community-based
- ☐ A mix of acute and community-based
- ☐ Based in the voluntary sector
- ☐ Other, please state:

1.6 Are you a nominated lead for volunteering in your NHS board?
- ☐ Yes
- ☐ No

Section 2. Development needs

This part of the questionnaire has been framed around the National Occupational Standards for Volunteer Managers.

Questions in this section are posed under each of the "Key Areas" of the Standards:

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

We recognise that engaging with volunteers may only be a part of your role. This is taken into account later in the questionnaire.

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

This key area consists of the following competencies:
- ‣ *Contribute to developing a strategy in an organisation that involves volunteers*
- ‣ *Develop a volunteering policy*
- ‣ *Develop structures, systems and procedures to support volunteering*
- ‣ *Develop plans to meet strategic goals in an organisation that involves volunteers*
- ‣ *Evaluate volunteers' contribution to strategic goals*

2a.1 How does Key Area A relate to your role?

☐ This is not within my remit
☐ This is a new area for me, I have limited or no experience in this
☐ I have some understanding of this but limited experience
☐ Undertaken in practice but experience difficulties
☐ Competent and confident
☐ Competent, confident and willing to mentor or support others

2a.2 What examples of good practice <u>within this Key Area</u> would you like to share with other boards?

2a.3 What challenges do you experience in this key area?

2a.4 What do you think should be done to resolve these challenges? By whom?

Key Area B: Promote Volunteering

This key area consists of the following competencies:
- ‣ *Promote volunteering within your organisation*
- ‣ *Promote volunteering to potential and actual volunteers*

2b.1 How does Key Area B relate to your role?

☐ This is not within my remit
☐ This is a new area for me, I have limited or no experience in this
☐ I have some understanding of this but limited experience
☐ Undertaken in practice but experience difficulties
☐ Competent and confident
☐ Competent, confident and willing to mentor or support others

2b.2 What examples of good practice <u>within this Key Area</u> would you like to share with other boards?

2b.3 What challenges do you experience in this key area?

2b.4 What do you think should be done to resolve these challenges? By whom?

Key Area C: Recruit and Induct Volunteers

This key area consists of the following competencies:
- *Manage the recruitment and placement of volunteers*
- *Advertise for volunteers*
- *Recruit and place volunteers*
- *Manage the induction of volunteers*
- *Induct volunteers*

2c.1 How does Key Area C relate to your role?

☐ This is not within my remit
☐ This is a new area for me, I have limited or no experience in this
☐ I have some understanding of this but limited experience
☐ Undertaken in practice but experience difficulties
☐ Competent and confident
☐ Competent, confident and willing to mentor or support others

2c.2 What examples of good practice <u>within this Key Area</u> would you like to share with other boards?

2c.3 What challenges do you experience in this key area?

2c.4 What do you think should be done to resolve these challenges? By whom?

Key Area D: Manage and develop volunteers

This key area consists of the following competencies:
- ‣ *Plan, organise and monitor volunteering activities*
- ‣ *Lead and motivate volunteers*
- ‣ *Support the development of volunteers' knowledge, skills and competence*
- ‣ *Provide one-to-one support to help volunteers develop*
- ‣ *Enable volunteers to learn in groups*
- ‣ *Maintain records of volunteers*
- ‣ *Manage volunteers' expenses*
- ‣ *Help address problems affecting volunteers*

2d.1 How does Key Area D relate to your role?

- ☐ This is not within my remit
- ☐ This is a new area for me, I have limited or no experience in this
- ☐ I have some understanding of this but limited experience
- ☐ Undertaken in practice but experience difficulties
- ☐ Competent and confident
- ☐ Competent, confident and willing to mentor or support others

2d.2 What examples of good practice <u>within this Key Area</u> would you like to share with other boards?

2d.3 What challenges do you experience in this key area?

2d.4 What do you think should be done to resolve these challenges? By whom?

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

This key area consists of the following competencies:
- *Manage and continuously develop your resources for managing volunteers*
- *Manage and continuously develop your own and others' capacity for managing volunteers*
- *Develop productive working relationships with volunteers and other stakeholders*
- *Promote productive working relationships between volunteers and other stakeholders*
- *Develop and maintain partnership working to support your volunteering*
- *Identify, assess and control health and safety risks*

2e.1 How does Key Area E relate to your role?

☐ This is not within my remit
☐ This is a new area for me, I have limited or no experience in this
☐ I have some understanding of this but limited experience
☐ Undertaken in practice but experience difficulties
☐ Competent and confident
☐ Competent, confident and willing to mentor or support others

2e.2 What examples of good practice <u>within this Key Area</u> would you like to share with other boards?

2e.3 What challenges do you experience in this key area?

2e.4 What do you think should be done to resolve these challenges? By whom?

Key Area F: Provide management support for volunteering programmes

This key area consists of the following competencies:
- *Promote your organisation and its services to stakeholders*
- *Manage projects involving volunteers*
- *Obtain funds for volunteering policies and plans*
- *Manage an expenditure budget for volunteering activities*
- *Procure supplies for volunteering activities*
- *Manage physical resources for volunteering activities*
- *Organise events involving volunteers*
- *Manage the quality of services involving volunteers*
- *Lead and participate in meetings involving volunteers*
- *Manage information for volunteering activities*
- *Report to external agencies about volunteering activities*

2f.1 How does Key Area F relate to your role?

☐ This is not within my remit
☐ This is a new area for me, I have limited or no experience in this
☐ I have some understanding of this but limited experience
☐ Undertaken in practice but experience difficulties
☐ Competent and confident
☐ Competent, confident and willing to mentor or support others

2f.2 What examples of good practice <u>within this Key Area</u> would you like to share with other boards?

2f.3 What challenges do you experience in this key area?

2f.4 What do you think should be done to resolve these challenges? By whom?

Section 3. Capacity

We recognise that not every role is solely focussed on volunteering.

The question below takes this into account and asks you to estimate how much time is spent:

- under each of the Key Areas and,
- carrying out other duties which are not related to volunteering

Time spent on other activities could include Clinical Governance, Health Improvement (unrelated to volunteering), union activity or any other responsibilities you have.

3.1 On an average week, what percentage of your time is spent in each of the areas below?

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	%
Aspects of your role that do not relate to volunteering	%

Note, the total should equal 100%

3.2 Are there any areas of work that you would like to focus on if you had more capacity?

Section 4. Additional comments

This is the last question and an opportunity to add any comments in relation to the Volunteering in NHSScotland Programme or this survey.

4.1 Please use this space to put forward other thoughts and comments that relate to the needs analysis or the Volunteering in NHSScotland Programme in general.

Appendix 2: On-line learning modules currently available

The following modules were developed by Volunteer Development Scotland and NHS Education for Scotland. They are freely available from
http://www.knowledge.scot.nhs.uk/making-a-difference/resources-library/resources-tagged-list.aspx?tagname=volunteers

The interactive modules consist of the following topics:

1. Developing Volunteer Roles within the NHS
2. Promoting Positive Volunteer and Staff Relations
3. Supporting and Supervising Volunteers
4. Motivation Retention and Development of Volunteers
5. Health and Safety and Risk Assessment in Volunteer Programmes

The Scottish Health Council is part of Healthcare Improvement Scotland.