National Group for Volunteering in NHSScotland Development of a Communications Strategy 2019-2021

1. Introduction

This paper sets out the key aspects of a communications strategy for the Volunteering in NHSScotland Programme which seeks to ensure that progress towards the programme outcomes is maintained, taking into account the recently published national outcomes framework Volunteering for All.

2. Programme communications 2011-2019

A communications framework, endorsed by the National Group, was published in November 2011. The framework set out key external and internal factors in the volunteering arena and the key messages for each stakeholder group that needed to be considered in order to drive forward volunteering in NHSScotland.

A presentation on the framework was delivered to the NHSScotland Strategic Communications Group in December 2012.

A subsequent presentation took place in February 2015 after a number of misleading and factually inaccurate stories had appeared in national and local media. The Group supported a more cohesive approach to communications, requesting that volunteer managers in their boards be supported to produce case studies and articles that would more accurately reflect the nature of volunteering in NHSScotland.

3. Engagement with volunteer managers

In a workshop at the Volunteer Managers Network Meeting in February 2019, volunteer managers and others present were tasked with collaborating on a PEST (Political, Economic, Social and Technical) analysis with examined the various factors impacting on volunteering in NHSScotland.

The workshop included a presentation on the stakeholder groups, channels and methods and provided a space for discussion amongst the staff present.

The resulting PEST analysis is included below with positive (1), negative (\clubsuit) and balanced (\Leftrightarrow) aspects noted:

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Political (and legal)	Economic
 Ŷ 'Volunteering for All' Impact of Brexit uncertainty on volunteers and their families Negative media coverage of volunteering Perceptions of job substitution ⇔ Differing expectations from Chief Officer, Chair, Board on volunteer engagement ⇔ Helpforce activity across the UK sending mixed messages ⇔ Regional working Ŷ Once for Scotland approach 	 Partnership with Helpforce Savings targets and reducing budgets Limited expenses/equipment budgets for volunteers Limited or no budget on wards for volunteer engagement Fixed term contracts for volunteer managers Replacing volunteer manager posts with lower banded positions Lack of development opportunities No restriction on volunteer numbers Low income a barrier to volunteering Balancing care delivery against financial reality
Social (relationships, attitudes etc) ⇔ Support for young volunteers	Technological (and systems) ↓ Resources limited
 Support for young volumeers Chools programme 	 Limited capacity of volunteer managers
 Commitment of volunteers 	 Some volunteers require more support
⇔ Older volunteers have been more	that cannot be provided
reliable in past but volunteers are	
changing	helpful, opportunity to make reports
Society changing – increasing	more meaningful and handle online
commitments impacts on ability to	applications
commit to volunteer, episodic	
volunteering	Group provides an engagement
⇔ Older population have demands on	platform to ensure system meets
time	ongoing need
⇔ Shift to younger people volunteering	û Volunteer Managers Network provides
⇔ Socialisation is a driver for volunteers –	a space and platform to showcase and
can impact on delivery	develop new volunteer roles
⇔ Changes to NHS Board premises	
(hospitals) and volunteers not wishing	⇔ Evaluation and planning could be
to move	improved nationally
⇔ Volunteer motivations can vary	Lack of a central bank of core case
	studies to use locally

4. Key messages for stakeholders

Participants in the workshop confirmed the stakeholder groups that should be considered in the strategy:

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Stakeholder groups	What they need to know		
Prospective volunteers (public)	 What roles are available What length of commitment is expected How to apply How long the process takes How they will be supported What the benefits of volunteering can be 		
Existing volunteers	 Other opportunities Events, recognition of their contribution and how they are valued How to seek, and availability of support and training How to feed back on their experiences 		
Unions, staff and staff-side	 That roles are person-centred, coproduced and that staff are engaged in the design The difference that volunteering makes, particularly for staff and patients Who to contact in order to design a volunteer roles 		
Patients, carers and families	 That there are opportunities to design volunteer roles based on their experiences 		
Local media	 Positive and illustrative examples of volunteering and the impact it has 		
National media	 Positive and illustrative examples of volunteering and the impact it has How volunteering is contributing to the national outcomes across society 		
Education institutions and students	 What roles are available What length of commitment is expected How to apply How long the process takes How volunteers will be supported 		
Elected members	 Positive and illustrative examples of volunteering and the impact it has How volunteering is contributing to the national outcomes across society 		
Scottish Government	 Positive and illustrative examples of volunteering and the impact it has How volunteering is contributing to the national outcomes across society 		
Volunteer Centres/ Third Sector Interfaces	 What types of roles are available What length of commitment is expected How to apply How long the process takes How volunteers will be supported 		
National and local volunteering organisations	 What roles are available How to engage with their NHS Board/organisation to develop roles or deliver services 		
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5. Actions for National Group for Volunteering in NHSScotland

The Group is asked to review the PEST analysis and key messages, identifying any gaps in what has been proposed. The Group may wish to consider the key points highlighted in the examination of volunteer retention and numerical targets set by management in NHS Boards and whether separate messages (and mediums) could be engaged to communicate with this stakeholder group.

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