



Healthcare
Improvement
Scotland

Community
Engagement

Evaluation of Volunteering in NHSScotland Programme

November 2020

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1 Background

The Volunteering in NHSScotland Programme began in October 2011 and was mainstreamed into core work of Healthcare Improvement Scotland – Community Engagement (previously known as the Scottish Health Council) in April 2016. The Programme builds on [CEL 10 \(2008\)](#) and aims to support NHS Boards to develop sustainable volunteering programmes. Its focus is on directly-engaged volunteers, rather than indirect volunteer engagement through third sector organisations. This is the remit given from Scottish Government. Early in 2020, we estimated there to be over 6,000 directly engaged volunteers in NHSScotland at any given time. However during the COVID-19 pandemic there have been a number of volunteers who have been stood down due to safety reasons and new volunteers recruited to support the work of the NHS.

The programme is funded by Scottish Government with a staffing complement of a 0.85 WTE Programme Manager and a 0.59 WTE Project Officer. From April 2019 to March 2021 the staffing capacity has been supplemented by funding via [Helpforce](#) (a UK organisation seeking to develop volunteering in the NHS) with resource that was awarded from the National Lottery Community Fund. This increases the staffing to a 1.0 WTE Programme Manager and a 0.75 WTE Project Officer. This additional resource has also allowed the team to take forward additional projects piloting of an online application form, pilot of a volunteer supporter role, embedding of evaluation across programmes (aligned to the Scottish Government National Outcomes Framework for Volunteering), the development and spread of new and innovative volunteer roles and a national overview of volunteering in NHSScotland.

Healthcare Improvement Scotland – Community Engagement conducted an evaluation of Volunteering in NHSScotland Programme (the programme), including its response to the COVID-19 pandemic.

This report summarises key findings of feedback from an evaluation survey of NHSScotland staff with a responsibility for managing volunteers, including executive and strategic leads for volunteering and volunteer management staff.

The evaluation gave NHSScotland staff an opportunity to reflect on the activity carried out to date. It also gave staff the chance to shape the future of the volunteering programme and demonstrated how it can support and collaborate with the NHSScotland boards in future.





The survey contained two sections. The first section addressed the programme's response to COVID-19 and the second section looked at the broader work of the programme. There was also an opportunity for respondents to provide feedback on the Volunteering Information System (an information management system for NHSScotland staff), online induction module, national guidance and any other areas of the programme.

2 Method

An electronic questionnaire was designed to elicit feedback on the programme's work over the previous 12 months.

The survey was circulated to approximately 100 members of staff who work across NHSScotland boards. The staff members have a role in volunteer management. The job titles ranged from executive / strategic lead for volunteering to volunteer manager (as a main role or someone who manages volunteers but it is not their main role). The survey was conducted throughout August 2020 then analysed and reported by a social researcher who works for the Community Engagement directorate of Healthcare Improvement Scotland.

In total, 36 responses were received from people with the following volunteer roles within NHSScotland boards.

Executive Lead for Volunteering		3
Strategic Lead for Volunteering		12
Volunteer Manager (main role)		18
Someone who manages volunteers (other discipline)		5
Total		36

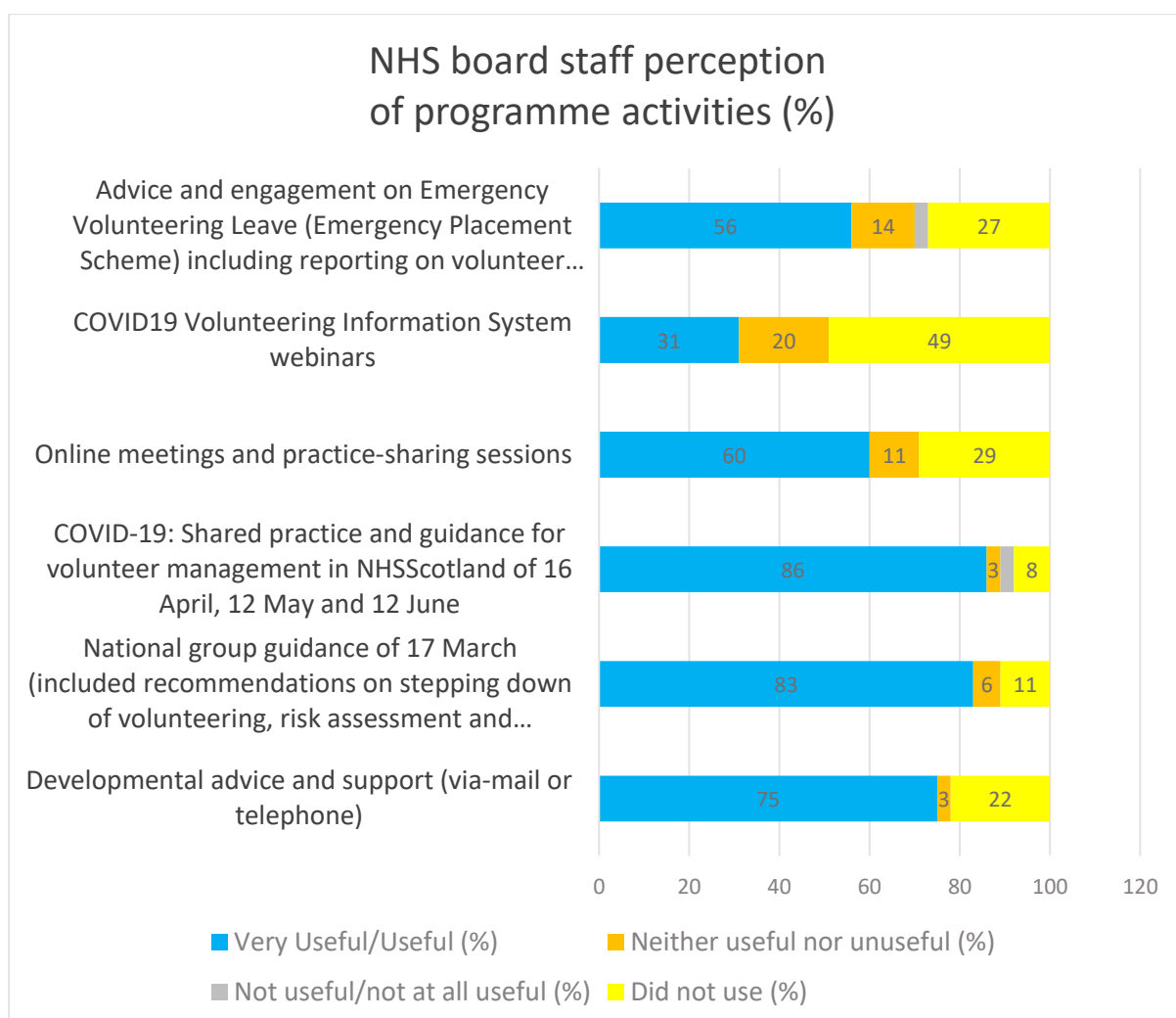
Recommendation

- Programme to seek engagement with Executive leads on future strategic direction/contribution of volunteers to NHSScotland

3 NHSScotland Volunteering Programme response to the COVID-19 pandemic

3.1 Activities provided by the programme in response to the early stages of the pandemic

Respondents were asked how useful a number of volunteering activities provided by the programme were, during the start of the pandemic. All volunteering activity was considered very useful/useful by the majority of respondents. The exception being the COVID 19 Information System Webinars, which were not attended by almost half (49%) of respondents. The development advice and support; national group guidance; and COVID-19: Shared practice and guidance for volunteer management activity, were particularly highly thought of.



3.2 Information and support enquiries during early stages of pandemic

Respondents were asked if they made an enquiry to the volunteering in NHSScotland team, and if so, whether they got the information and support when required. The response to these questions was overwhelmingly positive; with 90% of respondents saying that they received information and support when required. The remaining 10% of respondents answered, 'No', stating, they didn't use the support available. This data implies that all respondents that sought, 'information and support', received it in a timely fashion and open ended responses confirmed this, for example:

"Response times were remarkably good given the circumstances. There was a recognition of which enquiries were particularly urgent and these were obviously prioritised."

"The team are always responsive to requests and provide great support."

Respondents were asked, 'What else would have been helpful that was not available at the time'. The main response to this was that, there could have been more consistent messaging from the national volunteer recruitment campaign, when some NHSScotland boards had suspended their volunteer recruitment.

3.3 Online induction module

An online induction module was rapidly developed through a collaboration between NHSScotland Volunteer Managers, Healthcare Improvement Scotland – Community Engagement, and NHS Education for Scotland. Respondents were asked, whether their NHSScotland board made use of the online induction module.

Just over one third; (35%), of respondents stated that their NHSScotland board used the online induction module and around two thirds; (65%), stated that their NHSScotland board did not.

The reasons respondents cited for non-use of the online module were:

- Volunteers were 'stood down' from duties (six responses)
- The particular NHSScotland board had their own online induction module (five responses)
- Did not have opportunity to use it but will consider using in future (four responses)
- Not aware of it (two responses)
- Considered too testing for volunteers
- Used an online module but not sure if it was developed by the programme

Those that did use the online induction module were asked, 'what was good about it and what could have been better'.

Responses cited as what was good about the online induction module, included:

- Contained all the necessary information and supported recruitment
- Up to date
- Well received by both staff and volunteers
- Proved a useful way of conducting refresher training for long standing volunteers (as well as new recruits), and
- Ensured a consistency of approach across Scotland.

Responses cited as what could have been better about the online induction module included:

- Split into sections so not all of the module needs to be done at once – some volunteers do not need to complete whole module
- Volunteers may not have access to the YouTube platform
- Not everyone can complete an online module for variety of reasons (e.g. visually impaired, no online access), and
- Too focused on strategy rather than operational volunteer role.

It is recognised that not all volunteers have digital access therefore on-line training may exclude some from participating. This should be considered in any further developments with a variety of formats developed to meet the needs of a diverse group of volunteers.

Recommendations

- Engage with volunteer managers to develop a volunteer induction programme that tailored to the needs of volunteers and delivered in a variety of formats.
- Engage with volunteer managers to identify refresher training that can be delivered in a variety of formats.

3.4 Volunteering Information System (VIS)

A total of 28 respondents indicated that they have access to the Volunteer Information System (VIS). These respondents were asked whether they used the VIS during the early stages of the pandemic. 71% of respondents (20) answered, 'yes', and, 29% of the respondents (eight), answered, 'no'.

Those that answered, 'yes', were asked about the benefits of the volunteering information system. The benefits included:

- Ease of updating records and tracking which volunteers were active due to the pandemic (nine responses)
- Can access the VIS no matter where you are as well as multiple people accessing at same time – useful for staff working from home or if you were redeployed (three responses)
- Access as an effective record management system, access to data on the one system – (two responses)

- Not any benefit in particular, although useful to store information (two responses)
- Highlighted that the issues we were experiencing were being experienced by other NHSScotland boards (one response).

Respondents were asked, ‘whether they encountered challenges in accessing or making use of the system’. The majority of respondents to this question, (13 out of 18 respondents), did not encounter any challenges accessing the system. However, some respondents did experience challenges which included:

- Would have been useful to have an additional field in the system to store the reasons why a volunteer was inactive, e.g. due to COVID-19 (two responses)
- Experienced a time lag between getting people onto the system and when the information was needed (two responses)
- It is not easy to sort and search (needed to use spreadsheets to track progress)
- Some of the functionality is ‘clunky’
- No feature for recording third sector volunteering
- The system does not reflect workflow adequately

The respondents that did not use the VIS during the pandemic, were asked why. The following points were cited as the reason for not using the VIS:

- Did not have capacity to use system during a demanding time due to pandemic (two responses)
- Redeployment onto ward
- Regular volunteer programme paused
- Working from home, out with Scottish Wide Area Network

Recommendation

- Make changes to the Volunteering Information System to allow more detailed recording of inactive volunteers
- Explore scope for including data on indirect volunteering

3.5 What went well for the Volunteering in NHSScotland Programme and what could have gone better during early stages of pandemic

Finally, in this section of the survey respondents were asked what went well and what could have been better in relation to the programme response to, and support during, the early stages of COVID-19.

The most common responses to what went well included:

- Good guidance
- The programme team was responsive to requests for support

- Proactive at supporting NHSScotland boards
- The programme staff provided regular updates and support, and
- Communication from the programme staff was good.

Of the responses to what could have gone better most said that there was nothing that could have been improved. Some suggestions for improvement from other respondents included:

In general:

- 'Initial information took a bit longer than was helpful'
- 'Too slow to suspend volunteers from their role'
- 'Lack of consultation between Scottish Government and the programme and lack of clarity when Scottish Government was talking about volunteers'

With regard to the Volunteering in NHSScotland programme:

- 'Clearer guidance to risk assess volunteer roles during COVID19'
- 'Provide more support for volunteer programme manager who was dealing with a significantly increased workload at the time'

Recommendations

- Carry out a capacity analysis for the Programme
- Reinforce that risk assessment is a responsibility within NHS boards, complying with their local processes

4 Regular activities in NHSScotland Volunteering Programme

4.1 Feedback on development advice and support

Respondents were asked to what extent they agreed or disagreed with the following statements about development advice and support from the programme. Of the 31 respondents that replied to this question:

- 90% strongly agreed or agreed that, ‘The quality of support and advice met my expectations’.
- 87% strongly agreed or agreed that, ‘The time taken to respond to my inquiries met my expectations’.

Respondents were asked what a realistic timeframe would be for responding to enquiries. There was a range of response to this question from four hours; being the quickest, for an urgent request, to two weeks the longest. The majority of responses took on average two to three days. A number of people stated that the timeframe of response really depended on the urgency of the request and that the current response time is adequate.

Recommendation
<ul style="list-style-type: none">• Create a Programme mailbox and implement a 3-day response time for advice and support to non-urgent enquiries

4.2 Volunteering in NHSScotland Programme publications

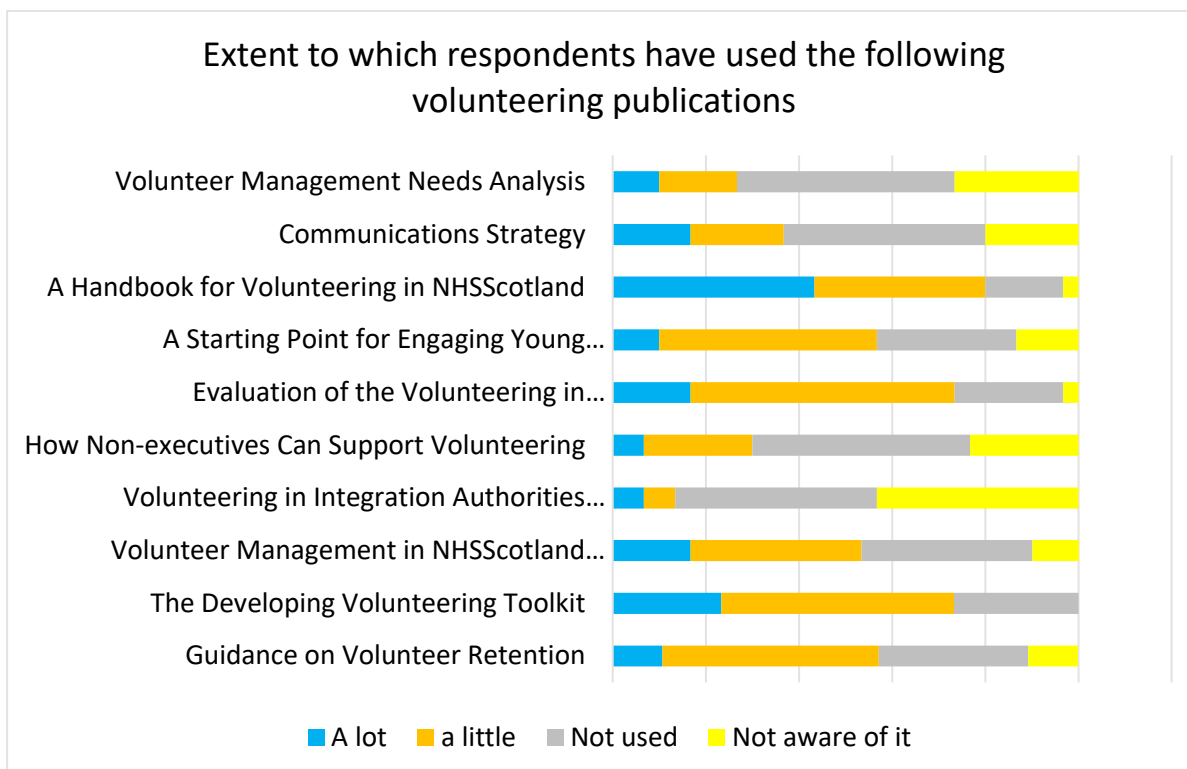
The programme has produced a range of publications to support and develop safe, inclusive and sustainable volunteering. Respondents to the survey were asked whether they have used the publications, see chart below.

The most widely used publications were:

- A handbook for volunteering
- Developing a volunteer toolkit, and
- Evaluation of volunteering in the programme.

Whilst the publications that were used the least and also had lowest level of awareness were:

- Volunteering in integration authorities research
- How non-executives can support volunteering
- Volunteer management needs analysis



There were a number of impacts that respondents stated came from the use of these publications, the key impacts included:

- Improved quality and practice (seven responses)
- Improved communications and engagement with volunteers (four responses)
- (The publications) confirmed we are on the right track (three responses)
- Consistent practice (two responses), and
- Updated existing knowledge (two responses).

Respondents were asked what publications would be useful in future. A variety of publications were suggested for future, although most suggestions were single responses. The publication which received more than one response, was around managing volunteers remotely or online (three responses).

Other suggestions included:

- Improving the diversity of your volunteers
- Volunteer handbook
- Keeping all publications up to date and in line with Scottish Government guidance
- Creative ways of deploying volunteers (annual report highlighting innovation)
- Communications strategy, and
- How we reacted to COVID-19.

Recommendation

- Review the current resources to assess content, quality and circulation methods with an aim to making the information more meaningful and accessible.
- Promote increasing the diversity of volunteers through published resources, discussions and sharing good practice.
- Prioritise the equalities monitoring development of the Volunteering Information System and conduct the two-yearly national survey for placed volunteers

4.3 Feedback on meetings, events and webinars

The programme can organise meetings for sharing and development of practice; such as the volunteer managers network (biannually), thematic discussion groups (ad-hoc), and webinars (ad-hoc).

Respondents were asked what meetings, events or webinars would be useful to them in the future in terms of format, content and frequency.

Most feedback from respondents regarding content of events, meetings and webinar stated that they were happy with the current offering (nine responses). Other suggestions for content included the following:

- Hearing directly from volunteers on their experience
- A clear picture of third sector volunteering engagement across Scotland
- Discussion group on how to support volunteers over the phone, and
- Use some of the publications as part of a session at volunteer management network meetings.

In terms of the format and frequency, most respondents were happy with the current format. Unsurprisingly, there were a number of suggestions for more online formats of meetings. The following formats were suggested:

- Shorter half day sessions on MS Teams, a day session if meeting in person
- Meeting in person preferred, not online, and
- Increased number of short webinars (1.5 hours).

Recommendations

- Include discussions/workshops in the Volunteer Managers Network on:
 - a. Supporting volunteers remotely
 - b. Volunteer peer support
- Run a webinar on how to use the Community of Practice website, encouraging members to share practice, templates and other documents
- Review frequency and timings of on-line meetings

4.4 Volunteering in NHSScotland Programme work on communications

The programme includes work around organisational internal and external communications. This involves a national communications strategy, (the programme launch of the communications strategy was delayed due to the pandemic), engagement with NHSScotland communication leads, a regular e-newsletter, producing content for sharing and promotion, such as, volunteering case studies, and raising the programme's profile through events, conferences, blogs and social media. The programme also shares the latest research on volunteering, its impact on health and social care and on volunteers through the community of practice website.

Respondents to the evaluation were asked what they require in relation to the following elements of the programme:

- A communications strategy
- Regular updates and communication, for example, an e-newsletter
- Content, for example, volunteer case studies and the impact of volunteering
- Research and briefing notes

A summary of the feedback is provided below:

Communications strategy

Most respondents were in favour of a communications strategy and the following suggestions were included;

- Profile of volunteering is high right now a communication strategy that responds to this would be useful – including guidance for local communications
- A work stream that relates to how the programme staff successfully engage with wider colleagues across NHSScotland and communicate key messages around volunteering
- A communication strategy should be in place and reviewed every two years
- Keep the communications strategy brief, accessible and linked to the engagement strategy
- Clear guidance on what is expected of us by the NHSScotland press and communication department. The guidance should be reviewed annually, and
- Improve the awareness of the benefits of volunteers, including case studies.

Regular updates and communication

The majority of respondents felt that the e-newsletter and internal communications in general, were helpful and would like this to continue. Nine respondents said a quarterly newsletter would be preferred whilst some respondents felt that bi-monthly or monthly would be useful. The main areas highlighted for coverage in the newsletter and communications was content in relation to volunteer management, policy and practice.

Content (volunteer case studies and the impact of volunteering)

Generally the case studies were well received. The most popular content that respondents wanted in future was case studies which detailed the impact of volunteering, including the impact on the volunteer, on staff and the beneficiary of volunteering. Other comments included:

- Local case studies carry more weight, unlikely to use national case studies or from other boards
- Current case studies are very good; used examples for volunteer induction and staff engagement
- There should be case studies on new volunteering programmes and new volunteer roles, and
- It would be useful to have some non-patient facing examples.

Research and briefing notes

A number of respondents stated that research briefings are useful and that they would be welcomed alongside the e-newsletters. Some ideas for content included:

- Fairer Scotland duty and volunteering,
- Helping develop business cases, and
- Horizon scanning and policy developments.

Recommendations
<ul style="list-style-type: none">• Publish an interim COVID-19 communications strategy linking to previously defined key messages and the published case studies• Produce a template/planning tools for volunteer managers to work with their Comms colleagues to produce local case studies, linked to the national outcomes framework

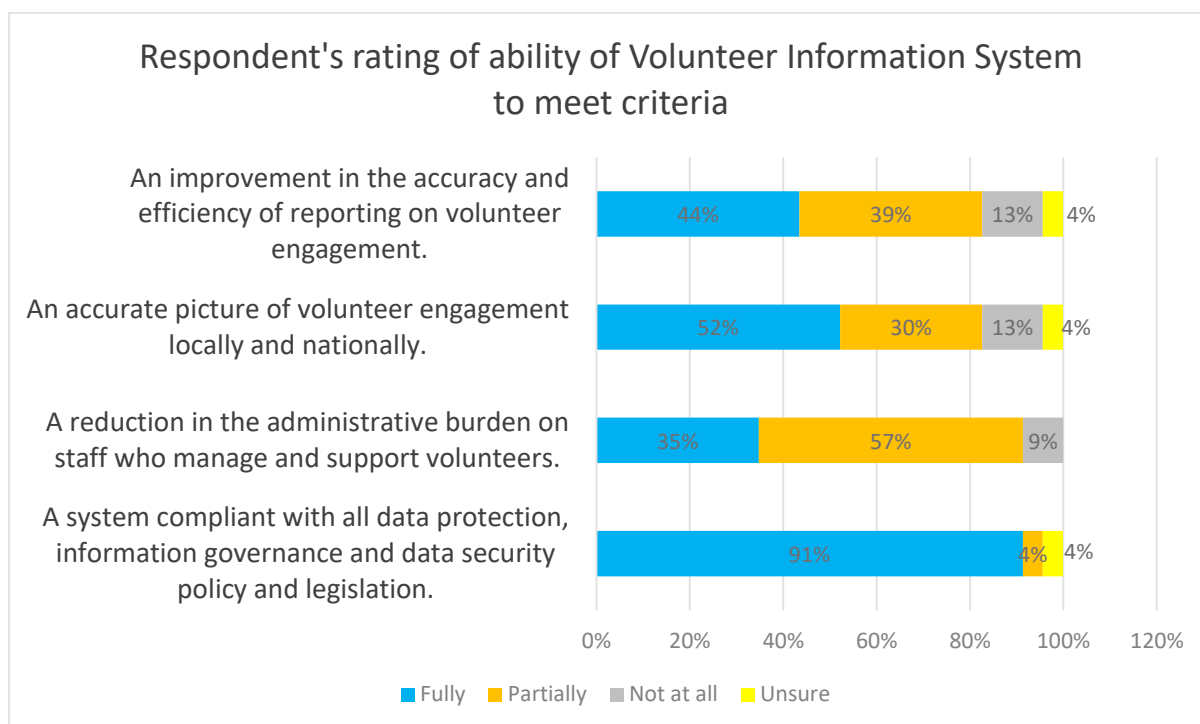
4.5 Feedback on the volunteer information system (VIS)

The VIS, is a centrally hosted information management system that supports the programme staff to securely manage volunteer information.

Respondents were asked whether they use the information system or not. Out of the 30 respondents that answered this question 24 stated that they used the volunteering information system and six did not.

Those that do use the VIS were asked to rate how well it met a number of criteria, (see table below). The VIS is rated highly on its compliance with information governance and data security. For the other criteria there are mixed results for reduction in the administrative

burden, an accurate picture of volunteer engagement and improvement in accuracy and efficiency of reporting on volunteer engagement.



Respondents were then asked what they need from the VIS that it does not currently provide.

There were a few themes coming out from responses to this question. Some respondents said that the VIS is adequate for their needs and there is no need for improvement. One respondent stated that they do not use the VIS, not because it is not adequate, but that their role has a wider remit than volunteering and the respondent could not prioritise the VIS over other work.

Specifically in relation to the system itself three main themes of improvements were highlighted. They were:

Improved system design – Some comments suggested the VIS needs to be designed with the operational workflow of volunteer programmes so it becomes a work tool rather than just a data recording system. Included in this was the need for it to be a relationship management system.

Better reporting - was a common theme in the feedback, including reports to generate more useful information such as demographic information, annual reporting figures, user reports, and reports about all volunteers on a hospital ward.

Improved functionality – ideas cited for improvement were:

- improved sorting and searching
- Upload emails and documents

- Increased space for text boxes

Recommendations

- Carry out a review of volunteer recruitment and management workflow to assess how the system can better meet the needs of users
- Develop annual reports in the Volunteering Information System
- Provide the ability to produce customised reports in the Volunteering Information System

4.6 Volunteer Week and partnerships

The programme supports Volunteer Week and works with partners including Volunteer Scotland, the Scottish Volunteering Forum and Scottish Government. These partnerships have been forged to raise the profile of volunteering, align messaging to the national theme each year and provide and share content. Respondents were asked what has gone well with this work.

Whilst some respondents found this difficult to answer because they were either new to the role or because the pandemic made things very different to previous years, there were also many positive responses in relation to:

- The recognition of volunteers
- Appreciation of Volunteering Week
- This work helps share news across NHSScotland boards about volunteering activity, and
- Useful case studies.

One NHSScotland board respondent highlighted some of their activity which is worth sharing:

“Every volunteer received a letter of thanks from the NHSScotland board chairman, and a thank you card from the director of nursing. We also held socially distanced tea and cake events which the volunteers appreciated. We ran, ‘guard of honour’, events in our larger hospitals, where NHS staff lined the corridors as volunteers moved passed, and the NHS staff clapped the volunteers.”

Respondents were also asked, ‘what could be done better’, or, ‘what else could be done’ in this area of the programme’s work. There were few responses to this question, they are:

- Volunteer Week is always quite challenging to fit in along with the other work required for the day job within the NHSScotland board
- For future planning, it may be worth considering other tasks that regular volunteers, that have been stood, down could do
- Duplication of effort between national volunteer bodies, not sure who is the lead, and

- Have faith in abilities of volunteer managers who have hosted these events autonomously and successfully in the past.

The Volunteering in NHSScotland Programme will continue to support Volunteers Week and use it as an opportunity to widely share and promote the value volunteers bring to NHSScotland.

4.7 Further support currently not provided

Respondents to the evaluation were asked whether there was anything else that could be delivered or supported through the programme that is currently not provided.

Most responses to this question stated that there was nothing more that is not already provided. Some suggestions included:

- It would be good to have rotating membership with groups that meet regularly as different people on the team will bring different knowledge and experiences.
- Greater collaboration between NHSScotland boards.
- A platform to allow NHSScotland boards to share best practise in an ongoing way out with networking or case studies. During the lockdown updates were helpful especially getting sight of documents others had developed re; task descriptions etc.

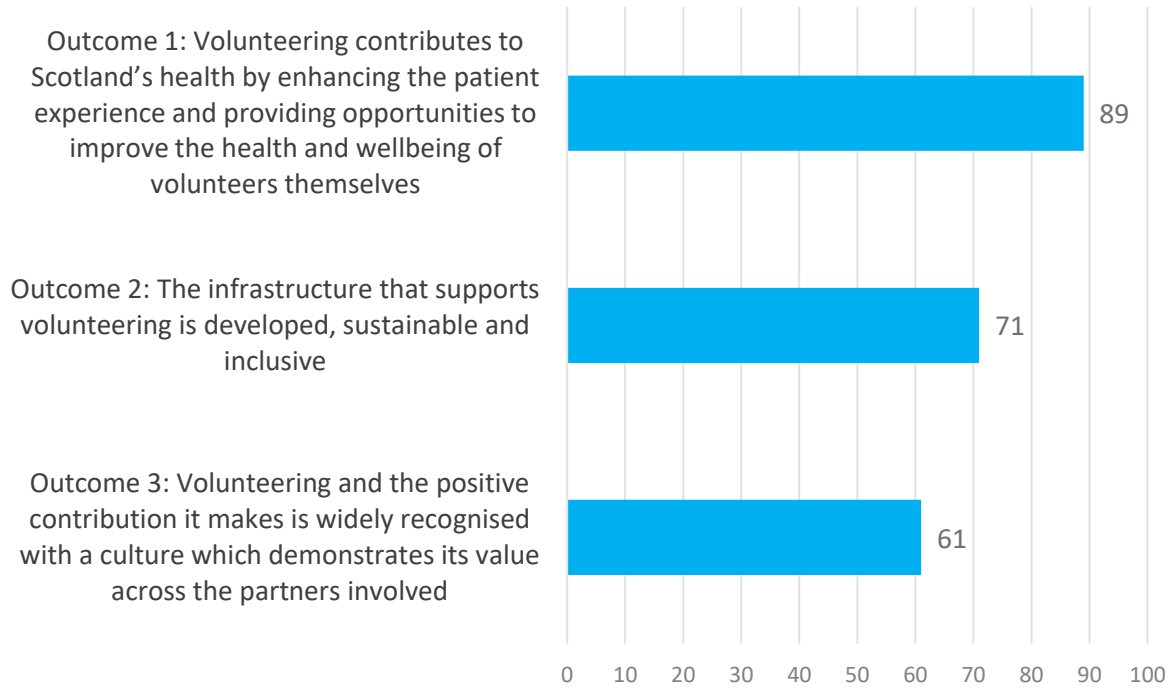
Recommendation
<ul style="list-style-type: none"> • Review membership of the National Group including length of term.

4.8 Volunteering in NHSScotland Programme contribution to national outcomes

The programme works in collaboration with NHSScotland boards towards three national outcomes. Respondents were asked to what extent they agreed or disagreed that the programme contributes to meeting each of these outcomes.

As can be seen from the chart below, the majority of respondents think that the programme contributes to meeting all three national outcomes. In particular, the, ‘volunteering contributes to Scotland’s health by enhancing the patient experience and providing opportunities to improve the health and wellbeing of volunteers themselves’, outcome.

% of respondents that Strongly agree/agree that the Volunteering in NHSScotland Programme contribute to the following Outcomes



5 Next Steps

This evaluation report will be shared with relevant staff and stakeholders involved in managing volunteers in NHSScotland. The programme lead will develop an action plan and engage with the National Group for Volunteering in NHSScotland to take the findings from the evaluation forward.

6 Recommendations

Strategy

1. Programme to seek engagement with Executive leads on future strategic direction/contribution of volunteers to NHSScotland
2. Review membership of the National Group including length of term

Programme Development

3. Create a Programme mailbox and implement a 3-day response time for advice and support to non-urgent enquiries
4. Carry out a capacity analysis for the Programme
5. Review the current resources to assess content, quality and circulation methods with an aim to making the information more meaningful and accessible.
6. Promote increasing the diversity of volunteers through published resources, discussions and sharing good practice.

Volunteer Training

7. Engage with volunteer managers to develop a volunteer induction programme that tailored to the needs of volunteers and delivered in a variety of formats.
8. Engage with volunteer managers to identify refresher training that can be delivered in a variety of formats

Managing Volunteers

9. Reinforce that risk assessment is a responsibility within NHS boards, complying with their local processes
10. Include discussions/workshops in the Volunteer Managers Network on:
 - a. Supporting volunteers remotely
 - b. Volunteer peer support
11. Run a webinar on how to use the Community of Practice website, encouraging members to share practice, templates and other documents
12. Review frequency and timings of on-line meetings

Communications

13. Publish an interim COVID-19 communications strategy linking to previously defined key messages and the published case studies
14. Produce a template/planning tools for volunteer managers to work with their Comms colleagues to produce local case studies, linked to the national outcomes framework

Volunteer Information System

15. Make changes to the Volunteering Information System to allow more detailed recording of inactive volunteers
16. Explore scope for including data on indirect volunteering
17. Prioritise the equalities monitoring development of the Volunteering Information System and conduct the two-yearly national survey for placed volunteers
18. Carry out a review of volunteer recruitment and management workflow to assess how the system can better meet the needs of users
19. Develop annual reports in the Volunteering Information System
20. Provide the ability to produce customised reports in the Volunteering Information System

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