

**ROCKET
SCIENCE**

Evaluation of the Clear Pathway Guidance

Final Report - August 2020

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Executive Summary

Background and context

This report presents the findings from an evaluation of the Clear Pathway guidance (the guidance) for NHS boards commissioned by Voluntary Health Scotland and the Scottish Government in November 2019. The overall aim of the evaluation was to explore the extent to which the guidance has been recognised and implemented and to understand how it has 'landed' with health boards and the third sector.

It is important to note that this evaluation of the Clear Pathway guidance took place between November 2019 and April 2020, prior to the full impact of Covid-19. As always, analysis and recommendations are based on a snap-shot of views, in this case from third sector and NHS representatives. It goes without saying that this report must also be viewed through the lens of Covid-19 impact, with the implications of the pandemic posing new and unanticipated questions for the NHS, volunteering and the role of the guidance.

Methodology

Rocket Science worked with the evaluation reference group to design an online survey for the third sector and a topic guide for interviews with Strategic Leads for Volunteering in NHS boards.

- An invitation to take part in the **third sector survey** was cascaded through a number of reference group networks and survey returns were sent confidentially to Rocket Science. There were 57 valid responses to the survey
- **Strategic Leads for Volunteering of NHS boards** were invited to take part in a telephone interview with Rocket Science. Fourteen interviews with 11 NHS boards were completed.

The study team drew together the key findings from the third sector survey and NHS board interviews to address the key objectives of the evaluation.



Rocket Science would like to thank the reference group for their assistance throughout the project. A list of reference group members and their respective organisations can be found in Appendix A.

Third sector survey – key findings

Profile of respondents. Overall, we received 57 valid responses to the third sector survey. The survey collected responses from 47 different organisations. Respondents' organisations were most commonly reported as being local (30%; n=17) or Scottish (28%; n=16). Just under half of respondents had a senior role within their organisation.

Volunteering in NHS settings. Respondents were most commonly involved in engaging volunteers in NHS settings on a particular service or project (44%; n=24). The most common NHS boards in which third sector organisations engaged their volunteers were NHS Greater Glasgow and Clyde (34%; n=13) and NHS Forth Valley (34%; n=13). Estimates on the number of volunteers engaged by third sector organisations in NHS settings varied widely, ranging from one to 5,000. There were examples of local, Scottish and UK organisations listing over 100 volunteers.

Within NHS settings, the most common role third sector volunteers were engaged in was information giving (36%; n=14).

The majority of respondents (82%; n=32) collected monitoring data on volunteering that their organisation was responsible for in NHS settings. Two-thirds of respondents (66%; n=25) measured the impact and effectiveness on their volunteers engaged in NHS settings.

Awareness and understanding of the guidance. Most respondents were unaware of the guidance before taking part in the survey (63%; n=33). Respondents who were aware of the guidance most commonly found out about it through the NHS. Most respondents who were aware of the guidance were also aware of the five steps that the guidance provides to NHS boards for the development of better strategic oversight of indirect volunteering (n=14). Of the respondents who rated their overall understanding of the guidance, three-quarters felt that their understanding was very good or good (n=12). No respondents rated their understanding as poor or very poor.



Impact of the guidance. Seven respondents (out of 16 who answered) felt that the guidance had no impact on their organisation's engagement of their volunteers in NHS settings. All five respondents who rated the impact of the guidance on their organisation reported that the impact was positive. Nine respondents felt that incorporating the guidance into their engagement of volunteers in NHS settings was neither easy nor difficult.

While most respondents felt there were no changes as a result of the guidance, some respondents had seen improvements. The most common improvements reported included: *clarity about their organisation's roles and responsibilities and those of the NHS boards; working relationships between NHS staff and their staff and/or volunteers, and the co-production of new opportunities for volunteers.*

Respondents were most likely to feel that the guidance helped *make volunteering safer for patients, volunteers and NHS staff.* The majority of respondents *neither agreed nor disagreed* with the statement that guidance *helped make volunteering more person-centred and helped make volunteering more effective.*

Suggestions for the guidance. 12% of survey respondents listed suggestions on how awareness and implementation of the guidance could be improved. Suggestions included increasing the awareness of the guidance in third sector organisations as well as amongst NHS stakeholders; promoting partnership working between NHS and the third sector; improving the terms of reference (eg scope and limitations) of the guidance; and increasing volunteer participation in the guidance development and dissemination.

NHS board interviews – key findings

Profile of respondents. Interviews were conducted with 14 Strategic Leads for Volunteering from 11 different NHS boards. Most Strategic Leads for Volunteering were responsible for more than volunteering in their health boards.

Third sector engagements and agreements. There was significant variation in the extent of NHS boards' volunteer engagement with third sector organisations. Eight NHS boards had agreements in place between their board and third sector organisations regarding the engagement of volunteers. It



was common for agreements between NHS boards and third sector organisations to be Service Level Agreements.

Monitoring data and effectiveness. Three NHS boards collected monitoring data on the third sector volunteering in NHS settings. Three NHS boards measured the impact and effectiveness of volunteering they were responsible for in NHS settings.

Awareness and understanding of the guidance. Ten NHS boards reported being aware of the guidance before taking part in the interview. Many Strategic Leads became aware of the guidance through their professional responsibilities relating to volunteering. Less than half those aware of the guidance were aware of the five steps for the development of strategic oversight of indirect volunteering (n=5). Additionally, nearly all participants who were aware of the guidance felt their overall understanding of the guidance was very good or good (n=10).

Impact of the guidance. Four boards felt that the guidance wholly underpinned or partially underpinned their engagement of third sector volunteers. There were mixed views on whether the guidance had an impact on NHS board engagement with third sector volunteers. Where the guidance made an impact, participants felt that this was positive. Three NHS boards felt the guidance had an impact on their engagement of third sector volunteers while four boards felt that the guidance had no impact. Three participants felt that the guidance had a positive effect on their organisations' engagement of third sector volunteers.

Three NHS boards felt that the guidance was quite easy to incorporate into their board. Overall, participants felt that many aspects had improved as a result of the guidance. The most common improvements reported by NHS boards included *clarity about their roles and responsibilities and those of third sector organisations providing volunteers* and the *co-production of new opportunities for third sector volunteers*. The only aspects which had gotten worse for some participants were *administrative burdens and duplication of work*. Participants were most likely to agree/strongly agree that the biggest impacts had been on *making third sector volunteering safer for the NHS board* (n=9) and *making third sector volunteering safer for patients* (n=8).



No NHS board reported having negative outcomes as a result of the guidance, but two NHS boards reporting having a “difficult journey” in implementing the guidance. This related to lack of awareness of the guidance amongst third sector volunteers and the Central Legal Office as well as additional administrative burdens.

Three NHS boards mentioned other uses of the guidance. These included using the guidance to refresh non-third sector volunteering policy, as a reference point for NHS staff, as an overall guide for the Strategic Lead for Volunteering role and for visitors other than friends and family.

Suggestions for improvements. A number of participants provided suggestions on how awareness and implementation of the guidance could be improved. Suggestions included more interconnected working between boards; improving third sector awareness of the guidance as well as overall awareness of the guidance within the NHS; publishing examples of best practice; highlighting the importance of the guidance for newly recruited individuals in NHS boards; and availing of opportunities to make the guidance obligatory.

Conclusions

Volunteering in NHS settings. There was evidence of significant third sector volunteering in NHS settings, with all regional health boards and half of the special health boards involved. The data supplied on volunteer numbers does not allow for overall third sector estimates, however, 28 survey respondents were responsible for over 8,000 volunteers in NHS settings. Working arrangements between NHS boards and third sector organisations were often underpinned by Service Level Agreements created by NHS boards with input and advice from the Central Legal Office.

Data collection and impact measurement. Third sector organisations were more likely than NHS boards to collect monitoring data and measure the impact of their volunteering in NHS settings. The majority of those who answered questions relating to data on volunteering collected monitoring data (e.g. demographic information) and measured the impact and effectiveness of volunteering (via case studies and evaluations). Just three NHS boards collected monitoring data and measured the impact and effectiveness of third sector volunteering.



Awareness and understanding of the guidance. Overall, NHS boards were more likely than third sector organisations to be aware of the guidance and tended to rate their overall understanding of the guidance higher than respondents from third sector organisations. However, amongst those who were aware of the guidance, respondents from third sector organisations seemed to have better knowledge (than NHS board representatives) of the five steps for the development of better strategic oversight of indirect volunteering. Third sector organisations most commonly found out about the guidance through the NHS, while NHS boards tended to be aware as a result of their day-to-day activities relating to volunteering.

Impact of the guidance. Findings on the extent of impact of the guidance were mixed, however, a number of third sector organisations and NHS boards reported positive impacts relating to the clarification of roles and expectations; building on existing volunteering efforts and improving relationships between third sector and NHS boards. Some health boards also highlighted additional uses of the guidance, for instance, to inform policies involving their own direct volunteers.

Overall, NHS boards reported more improvements and impacts linked to the guidance than third sector organisations. In part, this may relate to NHS boards being the instigators of changes linked to the guidance. For instance, it's possible that some third sector organisations might not be aware that changes in their working arrangements with NHS boards were linked to the guidance.

There was convergence in third sector organisations and NHS board views on a series of statements linked to the guidance. Both groups were most likely to agree that the guidance helped make volunteering safer for patients and NHS staff, whilst both were less likely to agree that the guidance helped make volunteering more person-centred.

Improvements to the guidance. The main suggestion, highlighted by both third sector organisations and NHS boards, was that awareness of the guidance needed to be increased in both sectors. In addition, NHS boards suggested that better working between NHS boards would improve consistent use of the guidance. Suggested improvements to the guidance came from third sector organisations and centred on simplifying its key messages and involving volunteers in its development (or review).



Recommendations

Based on the findings and conclusions we have made a number of recommendations that relate to:

- Maximising the relevance of the guidance e.g. to Service Level Agreements
- Ensuring that relevant stakeholders such as the Central Legal Office are fully briefed on the guidance
- Developing best practice examples for data monitoring and impact measurement
- Providing examples of how NHS boards and third sector organisations can share responsibility and limit duplication of effort
- Increasing third sector organisations' awareness of the guidance with a view to improving the partnerships between the third sector and NHS boards
- Encouraging Strategic Leads for Volunteering to increase their in-depth understanding of the details of the guidance e.g. the five steps
- Helping third sector organisations and NHS boards to implement, and realise the benefits of, the guidance e.g. via case studies, lessons learnt and best practice
- Clarifying what person-centred volunteering is, and how the guidance aims to facilitate it
- Raising awareness of the guidance amongst key stakeholders in the third sector and the NHS



1. Background and context

1.1 Background

Voluntary services in Scottish hospitals were first recognised in 1970 and have been formally developed by the Scottish Office, Scottish Executive and the Scottish government ever since¹. A new “refreshed” strategy for volunteering in NHS settings was developed in 2008² by the Scottish Government. This included NHS boards having to nominate a Strategic Lead for Volunteering. Since August 2019, boards have been required to identify both a Strategic Lead and an Executive Lead for Volunteering.

The refreshed strategy was reviewed in 2011 by the Scottish Health Council. The review found that the strategy had increased awareness and acceptance of volunteering. The number and diversity of volunteers had increased alongside the number of volunteer roles and the contribution they make to health service delivery. However, the review highlighted challenges and opportunities for further development of volunteering.

Since 2011, the Scottish Health Council, funded by the Scottish Government, has hosted the Volunteering in NHS Scotland Programme. This programme supports NHS boards to develop and sustain effective volunteering programmes in health service delivery.

In 2015, the Lampard Report was published by the Department for Health following investigations into the activities of Jimmy Saville relating to the NHS.³ The report highlighted risk identification and lessons learned and made a number of recommendations for the NHS in England and Wales. In 2017, the Scottish Government chose to give “careful consideration to the Lampard Report recommendations”. The government, and Professor Jason Leitch, wrote to Chief Executives of NHS

¹Scottish Health Council. Volunteering in NHS Scotland. [Online] Available at: http://scottishhealthcouncil.org/patient_public_participation/volunteering_in_nhsscotland/volunteering_in_nhs_scotland.aspx#.XqFrz5NKhBw

² Scottish Government. Refreshed Strategy for Volunteering in the NHS in Scotland. 2008. [Online]. Available at: https://www.sehd.scot.nhs.uk/mels/CEL2008_10.pdf

³ Department of Health and Social Care. Jimmy Saville NHS investigations: lessons learned. 2015. [Online]. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/407209/KL_lessons_learned_report_FINAL.pdf



boards to urge them to consider each of the recommendations of Kate Lampard's report and to identify, implement and monitor any necessary local actions.⁴

The Scottish Health Council and the National Group for Volunteering in NHS Scotland also considered the implications of the Lampard Report on volunteering in NHS Scotland. They noted that the Lampard report did not address the relationship between NHS bodies and third sector organisations which engage volunteers in health settings. This highlighted a need for greater strategic oversight with regards to volunteers engaged in NHS settings by third sector organisations.

In 2016, Voluntary Health Scotland was commissioned to work with the National Group to develop the guidance to establish how the third sector and NHS boards could best work together in relation to the utilisation of indirect volunteers. This short project focused on the development of good practice to ensure volunteering was safe, effective and person centred. The four main findings of this project were:

1. Indirect volunteers were often 'under the radar' of NHS boards staff and management
2. There were inconsistencies in terms of how indirect volunteers were recruited, inducted, trained and managed
3. Third sector organisations had difficulties in engaging NHS boards, hindering their ability to develop volunteering management arrangements
4. Success was dependent on a good relationship between NHS boards and third sector organisations. In practice, however, the point of contact within the board was often not at the appropriate level, and often inconsistent or not maintained.⁵

VHS organised and hosted a conference in September 2017 to engage volunteering-involving organisations and NHS boards in the development of the guidance. A second conference by VHS was hosted in May 2019 to further promote the guidance and give a platform for good practice to be showcased. Both of these events were well attended and served to increase awareness of the

⁴ *Scottish Government*. Safety and protection of patients, staff and volunteers in NHS Scotland. 2017. [Online] Available at: [https://www.sehd.scot.nhs.uk/dl/DL\(2017\)07.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2017)07.pdf)

⁵ *Voluntary Health Scotland*. Clear Pathway. 2018. [Online] Available at: https://vhscotland.org.uk/wp-content/uploads/2020/01/Clear_Pathway_Guidance_April_2018.pdf



guidance. Additionally, VHS has continued to promote the guidance across its own networks through dedicated web pages and electronic communications.

The Clear Pathway guidance for NHS boards was published by Voluntary Health Scotland in 2018. The purpose of this was to:

“provide strategic guidance to NHS Scotland boards in relation to the management of volunteers deployed in NHS settings who are not solely recruited, managed or trained by the relevant NHS board.”⁶

The guidance is aimed at senior leaders and Strategic Leads for Volunteering of NHS boards and highlights the practical steps which can be taken to ensure volunteering is safe, effective and person centred. On behalf of the Scottish Government, Professor Jason Leitch wrote to NHS boards in April 2018, recommending that all boards use the guidance to “manage the risks and capitalise on the opportunities associated with third sector volunteering.”⁷

In this context, in October 2019, Voluntary Health Scotland and the Scottish Government agreed to review and evaluate how the guidance had “landed” in NHS boards during the preceding 18 months. Rocket Science was asked to complete this exercise working in close cooperation with the Clear Pathway evaluation reference group made up of key individuals from NHS boards, third sector organisations, the Scottish Government and Voluntary Health Scotland.

1.2 Evaluation objectives

Rocket Science UK Ltd was commissioned in November 2019 to conduct an evaluation of the Clear Pathway guidance for NHS boards. The overall aim of the evaluation was to provide a sense-check on the extent to which the guidance had been recognised and implemented, and to understand how it ‘landed’ with health boards and the third sector. The three key objectives of the evaluation were:

⁶ *Ibid.*

⁷ *Scottish Government.* Clear Pathway: Supporting the safe, effective and person-centred involvement of volunteers from the third sector in NHS settings. 2018. [Online] Available at <https://vhscotland.org.uk/wp-content/uploads/2020/01/Scottish-Government-Letter-final-25-4-18.pdf>



- **Response to the guidance:** looking at what changes to governance, policies and practice have occurred in NHS boards relating to the deployment of third sector volunteers
- **Impact on the third sector:** whether and how third sector organisations have been impacted by the NHS response to the guidance e.g. linked to partnerships and deployment of volunteers
- **Views on the guidance:** including whether the guidance has been useful, helpful, identified any gaps or aided an understanding of any further support that may be required.

Rocket Science approached the evaluation with a five-step process:

1. **Inception meeting:** to clarify objectives and review & inform the proposed methodology
2. **Views of third sector:** a short online survey sent to third sector databases
3. **Views of NHS boards:** interviews with Strategic Leads from each of the relevant health boards
4. **Clear Pathway case studies:** a deep dive with health boards and relevant third sector organisations to understand usage and experience of the guidance in more detail
5. **Analysis and reporting:** production of draft and final reports in Microsoft Word that address the objectives and highlight key findings and recommendations.

The evaluation was undertaken by Rocket Science between November 2019 and April 2020.

1.3 Impact of COVID-19

In Spring 2020, the coronavirus disease (COVID-19) spread to the United Kingdom.⁸ Rocket Science, in accordance with government guidance and in agreement with Voluntary Health Scotland and the Scottish Government, temporarily paused the evaluation. Stage 3 (views of NHS health boards) was not fully completed, however, with around half of the interviews with Strategic Leads conducted, we were able to include an analysis of responses in this report. At the time of writing, mindful of ongoing pressures of the pandemic on the NHS, Rocket Science and the evaluation reference group agreed to pause the evaluation and report on the findings at April 2020. This interim report includes the

⁸ Public Health England. Coronavirus (COVID-19) in the UK. 2020. [Online]
https://coronavirus.data.gov.uk/?_ga=2.223890846.44448749.1587638128-128478914.1586944138



evaluation findings and our recommendations developed from feedback from third sector organisations and Strategic Leads about their awareness and the impact of the guidance.

The Covid-19 pandemic has implications for society as a whole, with the way people communicate, travel and generally interact, all undergoing massive change in a very short period of time. The impact on volunteering has been, and will continue to be, huge. In the wake of the first large wave of Covid-19 infections the UK saw a massive upswing in volunteering (both direct and indirect), with members of the public offering their time and skills to help the overall response to the disease. However, at the same time, many long-term volunteers had to step back from their commitments, for instance, due to their age and/or risk of infection, and many NHS services had to reduce the presence of non-essential personnel in their buildings. As many short-term volunteers return to their own workplaces and NHS services review their volunteer protocols and risk assessments - with safe volunteering arrangements of paramount concern - it is unclear how Covid-19 will impact the profile of volunteers and the contributions they can make in NHS settings. It is likely to be some time before volunteering in NHS settings looks anything like it did pre-Covid-19. All of this is likely to have implications for the Clear Pathway guidance. For instance, scenarios could see more indirect volunteering focus on non-NHS settings in future e.g. in social care and community settings, and supporting patient's in their own home through technology such as Near Me (a tool that enables health and care professionals to provide consultations by video). During the Covid-19 pandemic, there has been a huge increase in the growth of video consulting, from around 300 to 17,000 Near Me consultations provided in Scotland every week.

It is important to note that this evaluation of the Clear Pathway guidance took place prior to the full impact of Covid-19. As always, analysis and recommendations are based on a snap-shot of views, in this case from third sector and NHS representatives. It goes without saying that this report must also be viewed through the lens of Covid-19, with the implications of the pandemic posing new and unanticipated questions for the NHS, volunteering and the role of the guidance.

1.4 Useful definitions

For the purpose of this evaluation, the following terms will be used throughout. Definitions are provided in order to remain consistent with the guidance.



Term	Definition
NHS settings	This term is used as defined in the guidance as: <i>“places historically owned or controlled by NHS boards in Scotland, some of which may now be the responsibility of Integration Authorities. Whilst primarily focussed on hospital settings and their grounds, it is equally applicable to NHS hospices, NHS nursing homes, and NHS primary and community settings.”</i> ⁹
Volunteer	This term is used as defined in the Refreshed Strategy for Volunteering in the NHS in Scotland ¹⁰ as well as the guidance as: <i>“a person who gives freely and willingly of their time to help improve the health and wellbeing of patients, users (and their families and carers) of the NHS in Scotland.”</i>
Direct volunteer	Volunteers recruited, trained and supported by NHS staff. ¹¹
Indirect volunteer	Volunteers recruited, trained and supported by third sector organisations. <i>“Volunteering might take place on NHS premises, in the community or in people’s homes. A subset of indirect volunteers exists, which includes volunteers who are involved in the delivery of contracts assigned to third sector organisations.”</i> ¹²
Third sector organisation	This term is used in accordance with the definition used by the National Audit Office: <i>“the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives.”</i> ¹³
Respondent	Those who responded to the third sector survey.
Participant	Those who participated in interviews (Strategic Leads for Volunteering in NHS Scotland Boards).

Figure 1: Definitions of key terms used in report

⁹ Voluntary Health Scotland. Clear Pathway. 2018. [Online] Available at: https://vhscotland.org.uk/wp-content/uploads/2020/01/Clear_Pathway_Guidance_April_2018.pdf

¹⁰ Scottish Government. Refreshed Strategy for Volunteering in the NHS in Scotland. 2008. [Online]. Available at: https://www.sehd.scot.nhs.uk/mels/CEL2008_10.pdf

¹¹ Voluntary Health Scotland. Clear Pathway. 2018. [Online] Available at: https://vhscotland.org.uk/wp-content/uploads/2020/01/Clear_Pathway_Guidance_April_2018.pdf

¹² Ibid.

¹³ National Audit Office. What are third sector organisations and their benefits for commissioners? [Online] Available at: <https://www.nao.org.uk/successful-commissioning/introduction/what-are-civil-society-organisations-and-their-benefits-for-commissioners/>



2. Methodology

The following methods were used to collect data and evidence for the evaluation of the guidance:

2.1 Third sector survey

An online survey was created for third sector organisations who work in partnership with NHS boards in Scotland to engage volunteers in NHS settings. The survey, created by Rocket Science and agreed by the evaluation reference group, can be viewed in Appendix B.

Distribution

The online survey link was sent to a number of organisations as displayed below. These organisations and groups were asked to forward the survey to colleagues/contacts who may be interested/able to contribute to the evaluation. Members of the evaluation reference group were also asked to distribute to survey to their own informal networks.

Date	Distribution	Number reached
29/1/20	Email via Salesforce to all Voluntary Health Scotland contacts within their full member organisations	c.700
30/1/20	NHS Scotland Volunteering National Group	
	CHEX (Community Health Exchange)	1300
	Senscot	183
	CPW reference group and circulated to network/groups	
	Volunteer Scotland and associated networks, CPG members and research teams	
31/1/20	Third Sector Interface (TSI) contacts	32
10/2/20	Voluntary Health Scotland e-bulletin	2320
	Impact Funding Partners	

Figure 2: Table describing how the third sector survey was cascaded to relevant contacts



Responses

Seventy survey responses were received:

- Five were removed due to duplication, test response and non-verifiable contact details
- A further eight were removed as these respondents were not responding as third sector organisations, but from the NHS. These responses were analysed (see Appendix C).

There were 57 valid responses to the survey, but often, fewer than this number responded to each question. For clarity, in addition to the percentage breakdowns for each question, we have used the actual numbers responding to that question. Responses from 47 organisations are represented in the analysis, with six organisations having multiple respondents.

Thirty-seven respondents gave Rocket Science permission to recontact them about their answers to the survey.

2.2 Interviews with NHS boards

Rocket Science contacted the Strategic Leads for Volunteering at all NHS boards to gauge their awareness and understanding of the guidance. The interviews were carried out using a topic guide – a semi-structured questionnaire containing a mixture of pre-coded and open-ended questions. The topic guide, which built on the third sector survey, was created by Rocket Science and agreed by the evaluation reference group (see Appendix D).

By April 2020 we had spoken to 14 participants from 11 NHS boards – we spoke to a mix of NHS Scotland Health Boards and Special NHS boards. At this point, in line with advice from the Scottish Government and NHS services, we halted the interviews whilst the NHS prepared for and managed the impact of Covid-19 on their services.

The majority of our 14 interviews were carried out over the phone whilst one participant preferred to provide answers by email (this NHS board was not patient facing and did not engage third sector volunteers so questions relating only to awareness of the guidance were discussed).

Six of the interviewed NHS board participants gave Rocket Science permission to contact them again at a later stage.



2.3 Analysis and reporting

During this last stage, we have analysed all the collected data and information in order to answer the key objectives and questions guiding the evaluation.

The data gathered in the third sector survey was downloaded and analysed by Rocket Science. The team used Microsoft Excel to further analyse and quantify the responses, classifying open text responses and identifying the key features emerging. We cross tabulated some of the question responses such as organisation and type of organisation.

The data gathered from NHS board interviews was recorded using Microsoft Word. Quantitative responses were analysed using Microsoft Excel. The team drew together the key findings from the interviews to address the key requirements of the evaluation and evidence.



3. Third sector survey: findings

This chapter describes the responses to the third sector survey. This survey was designed for third sector organisations who work in partnership with NHS boards in Scotland to engage volunteers in NHS settings. There were 57 respondents, but fewer than this may have responded to each question. In this section the tables and charts used to display the results show the percentage breakdowns for each question and the actual numbers responding to that question.

Readers should bear in mind that these results are not intended to be a fully accurate reflection of third sector awareness, understanding of, and engagement with, the guidance. Rather, the results highlight the views of a sample of third sector representatives and give an indication of the impact of the guidance on their organisations. Notwithstanding, readers should note that survey respondents (and their organisations) were responsible for 8,000+ volunteers in NHS settings, ensuring the survey results reflect the views of a relevant and engaged audience.

3.1 Profile of organisations

Respondents to the survey were asked to provide details on their organisation and role for verification purposes. Overall, the survey collected responses from 47 different organisations. Six organisations had multiple respondents to the survey. A list of third sector organisations who responded to the survey can be seen below.

No.	Organisation	No. of respondents
1.	Royal Voluntary Service	4
2.	Aberdeen Council of Voluntary Organisations (third sector interface)	3
3.	Terrence Higgins Trust Scotland	3
4.	Paths for All	2
5.	Stroke Association	2
6.	Values Into Action Scotland	2
7.	Ardgowan Hospice/Compassionate Inverclyde	1
8.	Artlink Central	1
9.	ASH Scotland	1
10.	Befriending Caithness	1
11.	Braveheart	1
12.	Breast Cancer Now	1



13.	British Red Cross	1
14.	Canine Concern Scotland Trust	1
15.	Chest Heart & Stoke Scotland	1
16.	Clackmannanshire Third Sector Interface	1
17.	Clydesdale Community initiatives	1
18.	Common Wheel	1
19.	Cycling Scotland	1
20.	Cyrenians	1
21.	Darach Social Croft	1
22.	Sports Aberdeen	1
23.	Diabetes Scotland	1
24.	Edinburgh Children's Hospital Charity	1
25.	Glasgow Children's Hospital Charity	1
26.	Glasgow Life	1
27.	Grampian Hospitals Art Trust	1
28.	HIV Scotland	1
29.	LifeCare (Edinburgh) Limited	1
30.	Lorn and Oban Healthy Options Ltd	1
31.	Northern Corridor Community Volunteers	1
32.	Orchid male cancers charity and Lothian Laryngectomy Group	1
33.	PKAVS Third Sector Interface	1
34.	Radio Lollipop	1
35.	Relationships Scotland Central	1
36.	ROWANALBA	1
37.	RSVP	1
38.	Saje Scotland Limited	1
39.	Support in Mind Scotland	1
40.	Tayside Healthcare Arts Trust	1
41.	The Ayrshire Community Trust	1
42.	Third Sector Dumfries and Galloway	1
43.	Versus Arthritis	1
44.	VIP Childcare Moray	1
45.	Voluntary action South Lanarkshire	1
46.	Volunteer Centre East Ayrshire	1
47.	Wellbeing Scotland	1
Total:		57

Figure 3: List of third sector organisations which responded to the survey [Source: Rocket Science analysis of survey data]



Most respondents from the same organisations provided consistent responses. Where there were inconsistencies in responses from individuals from the same organisation, these were largely explained by differing levels of involvement e.g. local, regional or nation-wide and/or the seniority of their roles.

Respondents' organisations were most commonly reported as being local (30%; n=17) or Scottish (28%; n=16). Note, respondents who provided an answer on organisation type may have selected more than one option. Four respondents (7%) selected 'other' as a response. Other responses specified that organisations worked in different local authority areas and one was an international organisation.

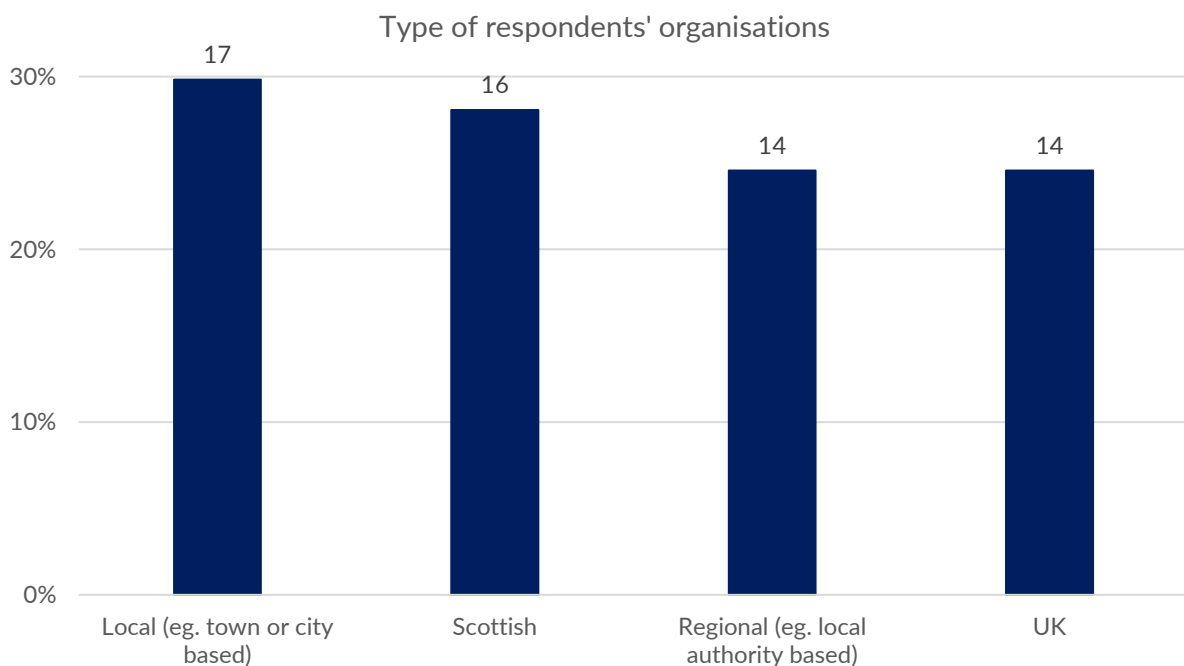


Figure 4: Type of respondents' organisation [Source: Rocket Science analysis of survey data]

Just under half of respondents had a senior role within their organisation. Respondents to the survey most commonly had a senior (47%; n=27) or a mid-level role (42%; n=24). The level of seniority of respondents is noteworthy as it highlights that the survey was completed by a well informed and engaged segment of the third sector workforce. The level of seniority displayed amongst respondents is encouraging and suggests that responses are likely to accurately reflect their organisations' views – especially for larger and more complex third sector organisations. Three (5%) had a junior role and three respondents (5%) chose other (other roles included volunteering and support). A detailed list of job roles can be found in Appendix E.



3.2 Volunteering in NHS settings

Respondents were most commonly involved in engaging volunteers in NHS settings on a particular service or project (44% of respondents; n=24). Fifty-five respondents provided a response regarding their involvement in engaging volunteers in NHS settings. Note, some respondents may have selected more than one option.

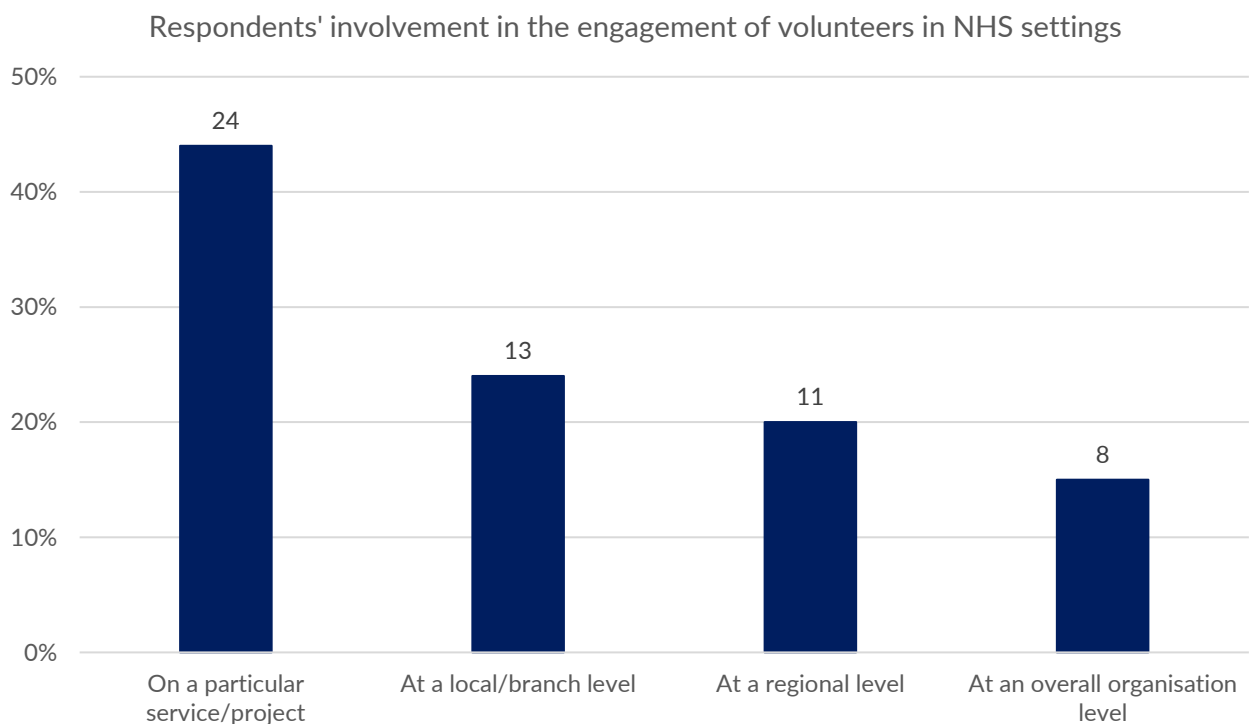


Figure 5: Respondents' involvement in engaging their volunteers in NHS settings [Source: Rocket Science analysis of survey data]

Some respondents who provided feedback on the engagement of their volunteers selected 'Other' (7%; n=4). This included various projects within local authority areas and a specific area. 22% of respondents to the question (n=12) felt that this question was not applicable to them.



3.2.1 Third sector volunteer engagement in NHS settings

The most common NHS boards in which third sector organisations engaged their volunteers were NHS Greater Glasgow and Clyde (34% of respondents; n=13) and NHS Forth Valley (34%; n=13). Forty-one respondents answered the question about which NHS boards (including HSCP) they engaged their own volunteers within NHS settings. Responses indicate a wide geographical spread of indirect volunteering in NHS settings. Note, respondents may have listed more than one NHS board.

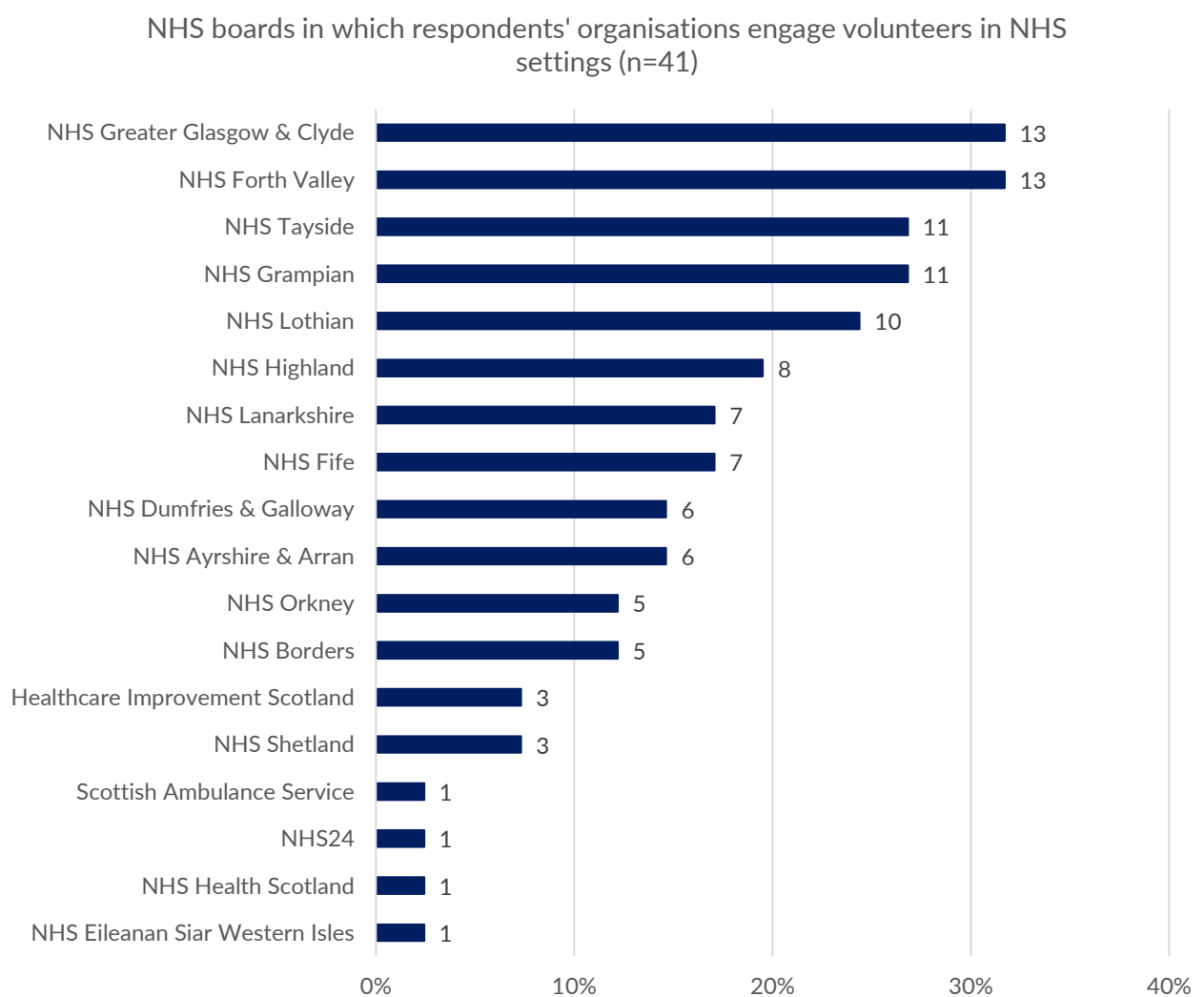


Figure 6: NHS boards in which third sector organisations engage their volunteers [Source: Rocket Science analysis of survey data]

5% of respondents (n=2) responded with “non applicable”.



Boards in which respondents did not engage volunteers in NHS settings were run by the following:

- NHS Education for Scotland
- NHS National Waiting Times Centre
- The State Hospitals Board for Scotland
- NHS National Services Scotland.

3.2.2 Number of volunteers

Estimates on the number of volunteers engaged by third sector organisations in NHS settings varied widely, ranging from one to 5,000. Twenty-eight respondents listed approximately how many indirect volunteers in total they currently engage in NHS settings. Overall, this amounted to 8,076 indirect volunteers. The most frequent number of volunteers was seven; the median number of volunteers engaged was 16 and the average was 299.

Accepting that the 8,076 figure mentioned above is based on estimates from a sample of third sector organisations, we can compare it cautiously with other recent estimates, for instance, The Scottish Council for Voluntary Organisations (SCVO) estimated that in 2018 approximately 1.4 million people in Scotland volunteered formally at least once in the year¹⁴. In their 2019 report *The Contribution of Volunteering to Scotland's Health and Wellbeing*¹⁵, Volunteer Scotland drew on Scottish Household Survey data to estimate that approximately 215,000 people volunteered in health, disability and social welfare, 6,500 of them directly engaged by the NHS. It is important to note that there is no authoritative estimate of the number of third sector volunteers engaged in NHS settings because this data is not gathered nationally. Our random sample of third sector organisations suggests that the actual number of indirect volunteers in NHS settings is probably much higher than the number of direct volunteers and may run in to ten's of thousands.

There were examples of local, Scottish and UK organisations listing over 100 volunteers. The number of volunteers engaged by local organisations (e.g. town or city based) in NHS settings ranged from

¹⁴ SCVO *State of the Sector 2020*. Sector stats. [Online] Available at: <https://scvo.org.uk/policy/sector-stats>

¹⁵ *Volunteer Scotland*. *The Contribution of Volunteering to Scotland's Health and Wellbeing*. [Online] Available at: https://www.volunteerscotland.net/media/1541976/the_contribution_of_volunteering_to_scotlands_health_and_wellbeing_2020_-_2040.pdf



one to 150 volunteers. Scottish organisations engaged between four to 200, while the number of volunteers engaged by UK-wide organisations ranged from seven to 5000.

There were some inconsistencies in the responses from individuals from the same organisations.

There were some minor inconsistencies with regards estimates on the number of volunteer engaged in NHS settings, for instance, two respondents from the same organisation quoted ten and 20 volunteers. There could be a number of reasons for this inconsistency such as the complexities of the health care system (understanding the differences of hospitals, NHS boards, Health and Social Care Partnerships (HSCPs) and Integration Joint Board) e.g. some respondents may respond in the context of volunteers engaged within hospitals, while others may respond with regards to HSCPs.

Additionally, a number of respondents from the same organisation reported that their organisation engaged different numbers of volunteers in NHS settings (numbers ranged from 50 to 5000). Only those who responded as being involved *at an overall organisation level* reported engaging over 2000 volunteers. As numbers vary for each respondent's level of engagement, this could indicate that the exact number of volunteers in NHS settings may be difficult to report for larger UK-wide organisations.

In terms of our overall estimate (8,076 volunteers) we have taken this at face value, though readers should note that some inconsistencies may be present. Respondents were asked specifically about the number of volunteers they engaged in 'NHS Scotland settings', and on this basis our estimate includes all responses.



3.2.3 Volunteer roles

The most common role third sector volunteers were engaged in in NHS settings was information giving (36% of respondents; n=14). Thirty-nine respondents provided responses on the types of roles their volunteers would undertake in NHS settings. Note some respondents have selected more than one option.

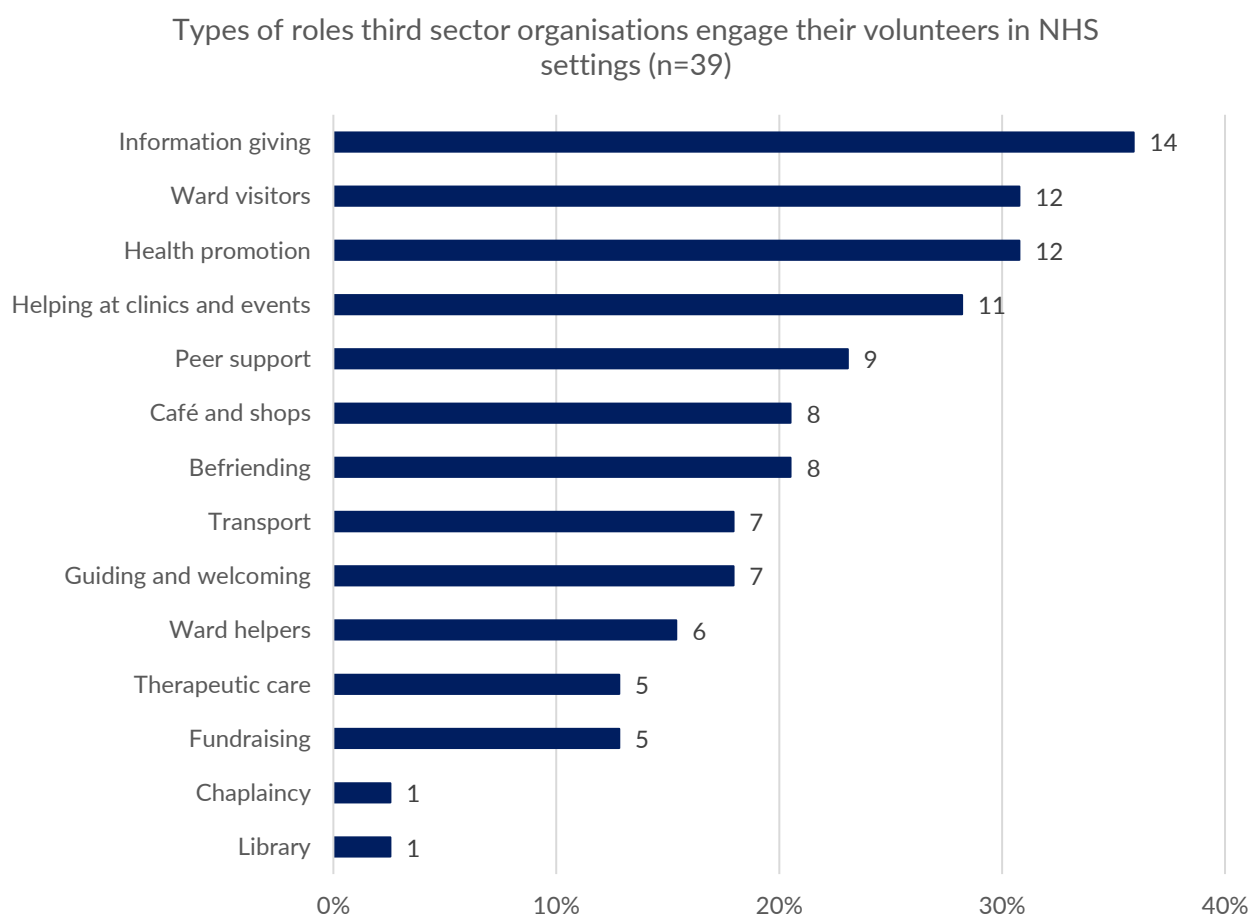


Figure 7: Most common roles volunteers currently engage in in NHS settings [Source: Rocket Science analysis of survey data]

36% of respondents (n=14) selected 'other' when asked about the roles they engaged volunteers in NHS settings. These responses included:

- Counselling and emotional support
- Cultural support (music and arts projects)
- Gardening.



3.3 Data collection and impact measurement

The majority of respondents collected monitoring data on volunteering their organisation is responsible for in NHS settings. Of 39 respondents who provided an answer, 82% (n=32) said they *do* collect monitoring data on volunteering their organisation is responsible for in NHS settings. 10% of respondents (n=4) stated that they *do not*. 8% of respondents (n=3) were *unsure* if they collect monitoring data.

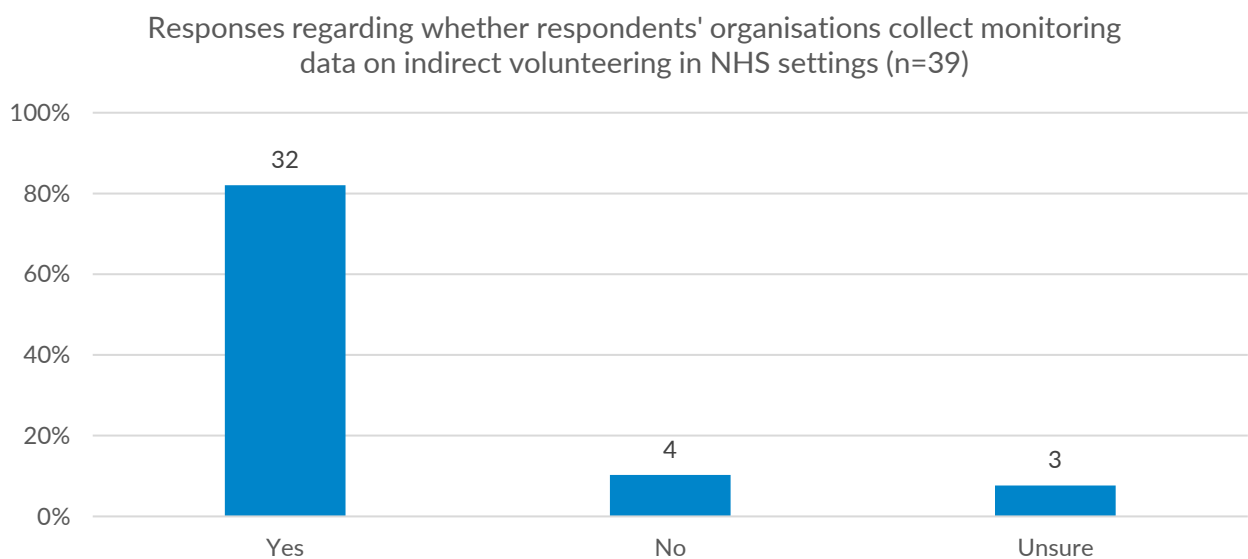


Figure 8: Third sector organisations on whether they collect monitoring data on volunteering their organisation is responsible for in NHS settings [Source: Rocket Science analysis of survey data]

87% of those who *do collect monitoring data* (n=28 respondents) provided a brief summary of the types of monitoring data they collect on volunteering in NHS settings. These respondents often reported collecting both qualitative and quantitative data on their volunteering.

Quantitative data included:

- Volunteer demographic data (name, age, gender, address etc)
- Frequency of attendance and hours volunteered
- Number of patients the volunteer has interacted with and type of visits
- Number of people referred by third sector organisations to volunteer in NHS settings
- Number of volunteers recruited and roles promoted
- Which premises were visited (including wards/areas).



Qualitative data collected included:

- How volunteers heard about the position/organisation
- Volunteering experience questionnaire
- Client satisfaction
- Feedback from staff
- Memorandum of agreement with boards.

Two-thirds of respondents collected data on impact and effectiveness on their volunteers engaged in NHS settings. With regards to measuring impact and effectiveness of volunteering, 38 respondents provided responses. Two-thirds of those who provided responses (66%; n=25) stated they *did* measure the impact and effectiveness of the volunteering they were responsible for in NHS settings. 24% (n=9) stated they do *not* measure impact and effectiveness of volunteering. 11% (n=4) stated they were *unsure* if they do.

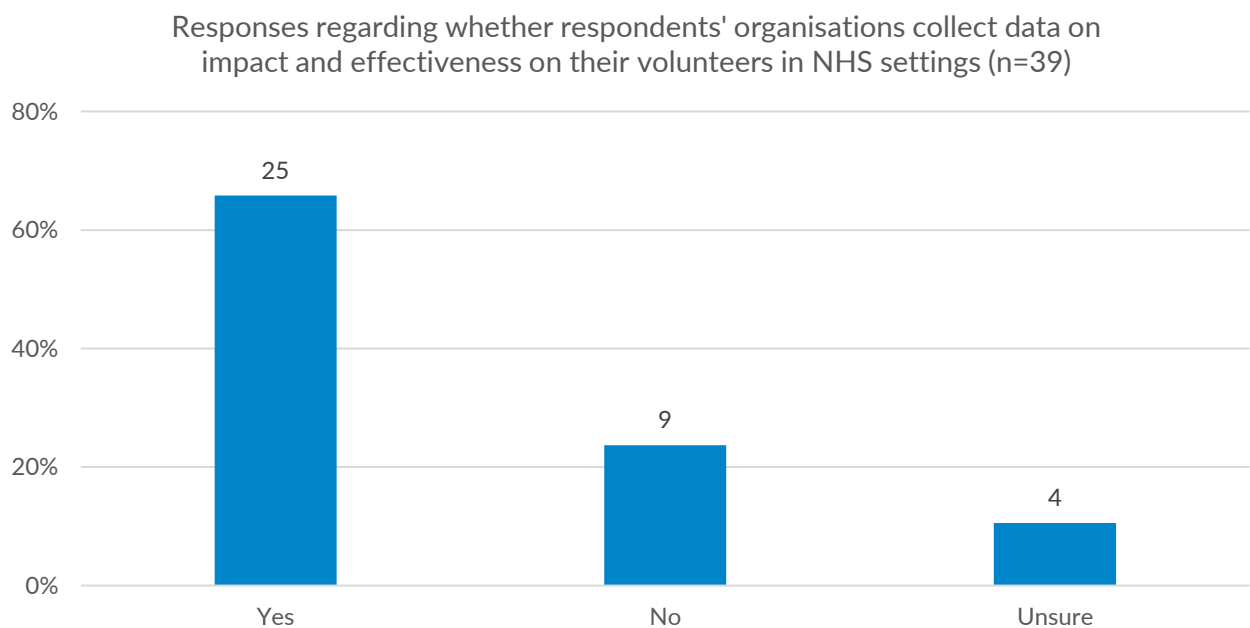


Figure 9: Third sector organisations on whether they measure the impact and effectiveness on volunteering their organisation is responsible for in NHS settings [Source: Rocket Science analysis of survey data]

The number of third sector organisations who collected data on the impact and effectiveness of the volunteers they are responsible for in NHS settings is higher than the number of third sector organisations who reported undertaking impact assessments of their volunteering in a previous survey commissioned by the Scottish Volunteering Forum in February 2018. That survey aimed to



understand volunteering impact measurement practices across Scotland. 51% of volunteer-involving organisations (n=34) who responded to the survey measured the impact of the volunteering.¹⁶

All 25 respondents *who do measure* the impact and effectiveness of volunteering provided a brief summary of how they measure this. 40% of these respondents (n=10) reported that they carry out case studies as a means of measuring the impact and effectiveness of volunteering. These case studies may involve volunteers themselves, families or departments who benefit from the volunteer support. 32% (n=8) of those who measure impact and effectiveness stated that they carry out evaluations (external or internal) of participating units and projects. Other means of measuring volunteer impact and effectiveness included:

- Surveys with volunteers regarding personal goals and outcomes
- Measuring all interactions
- Direct feedback from volunteers
- Occasional data collection with regards to readmission rates, falls risk etc.

¹⁶ *Volunteer Scotland & Children's Hospices Across Scotland*. Understanding Volunteering Impact Measurement Practices across Scotland. 2018. [Online] Available at: https://www.volunteerscotland.net/media/1335434/understanding_volunteering_impact_measurement_practices_across_scotland_final_report.pdf



3.4 Awareness and understanding of the guidance

Respondents were asked to provide responses on their overall awareness of the guidance, how they found out about it and their overall understanding of the guidance.

Most respondents were unaware of the guidance. Respondents were asked if they were aware of the guidance before taking part in the survey. Fifty-two respondents provided an answer. Thirty-three respondents were *unaware* of the guidance (63%); 16 were *aware* (31%) and three were *unsure* of their awareness of the guidance (6%).

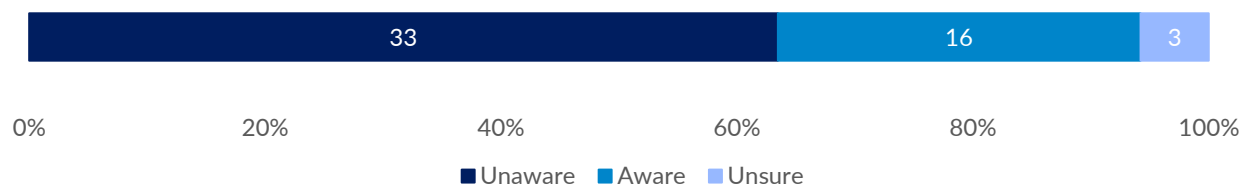


Figure 10: Third sector respondents' awareness of the guidance [Source: Rocket Science analysis of survey data]

Respondents who were aware of the guidance most commonly found out about it through the NHS. Sixteen respondents who were *aware* of the guidance explained how they found out about it. Seven respondents found out through the NHS, for instance through their local NHS volunteer co-ordinator, NHS volunteering manager or lead or NHS commissioners. Other respondents found out about the guidance through Voluntary Health Scotland, the Clear Pathway guidance reference group and their wider networks and events relating to volunteer services.

Most respondents who were aware of the guidance were also aware of the five steps that the guidance provides to NHS boards for the development of better strategic oversight of indirect volunteering (n=14). These steps are:

1. Build relationships
2. Review current situation
3. Assess costs and benefits
4. Develop formal agreements
5. Monitor effectively.



Of the 16 respondents who provided an answer on whether they were aware of these five steps, 88% were *aware* (n=14) and 13% were *not* (n=2).

Of the respondents who rated their overall understanding of the guidance, three-quarters felt that their understanding was very good or good. Sixteen respondents rated their overall understanding of the guidance. Three respondents felt that their understanding was *very good*. Nine respondents felt that their understanding was *good*. Four respondents felt their understanding was *neither good nor poor*. No respondents rated their understanding as poor or very poor.

3.5 Impact of the guidance

Respondents provided responses on whether the guidance had an impact on their organisations' engagement of volunteers in NHS settings and whether it had led to any changes in their organisation or the NHS board(s) they work with.

Seven respondents (out of 16 who answered) felt that the guidance had *no impact* on their organisation's engagement of their volunteers in NHS settings. Five respondents stated that it *had* an impact. Seven respondents stated that it had *no impact* for their engagement of volunteers. Four respondents were *unsure*.

Four respondents explained the impact that the guidance had on their organisations' engagement of volunteers in NHS settings. Two respondents felt it helped clarify expectations between organisations, especially in terms of roles, boundaries, recruitment training and support processes. This helped third sector organisations ensure their processes were "in line with and meet NHS requirements". One respondent felt that the guidance has been a "really helpful way of providing a clear robust agreement between the two organisations".

One respondent felt that the impact of the guidance differs depending on the particular NHS board an organisation engages with. It was felt that this was because the guidance's implementation was inconsistent across the country where it worked well in some areas, but still faced some "resistance" from some NHS contacts: "if they support then we have seen a difference".



All five respondents who rated the impact of the guidance on their organisation reported that the impact was positive. Two respondents stated that the impact was *wholly positive*. One of these respondents felt this way because the guidance “helped in building volunteering further”. Three respondents felt the impact was *mainly positive*. One of these respondents stated that this was because the guidance identified “the benefits of volunteering” and recognised “our expertise” and this “respect” for the third sector was positive.

Nine respondents felt that incorporating the guidance into their engagement of volunteers in NHS settings was **neither easy nor difficult**. Fifteen respondents answered the question on how easy they felt it had been to incorporate the guidance into their engagement of volunteers in NHS settings. Nine respondents felt that incorporating the guidance was *neither easy nor difficult*, three respondents thought it was *very easy*, one felt it was *quite easy*. Two respondents were *unsure*.

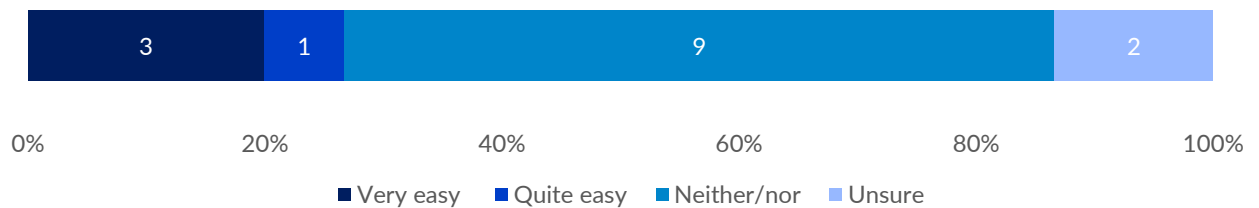


Figure 11: How easy incorporating the guidance was in third sector organisations' work on engagement of volunteers
[Source: Rocket Science analysis of survey data]

3.5.1 Changes regarding third sector organisations and the NHS board(s) worked with

Thinking about the guidance, respondents were asked to reflect on any changes to the following regarding their engagement of volunteers in NHS settings. Not all participants responded to this section of the interview. Note a different number of participants answered each question.

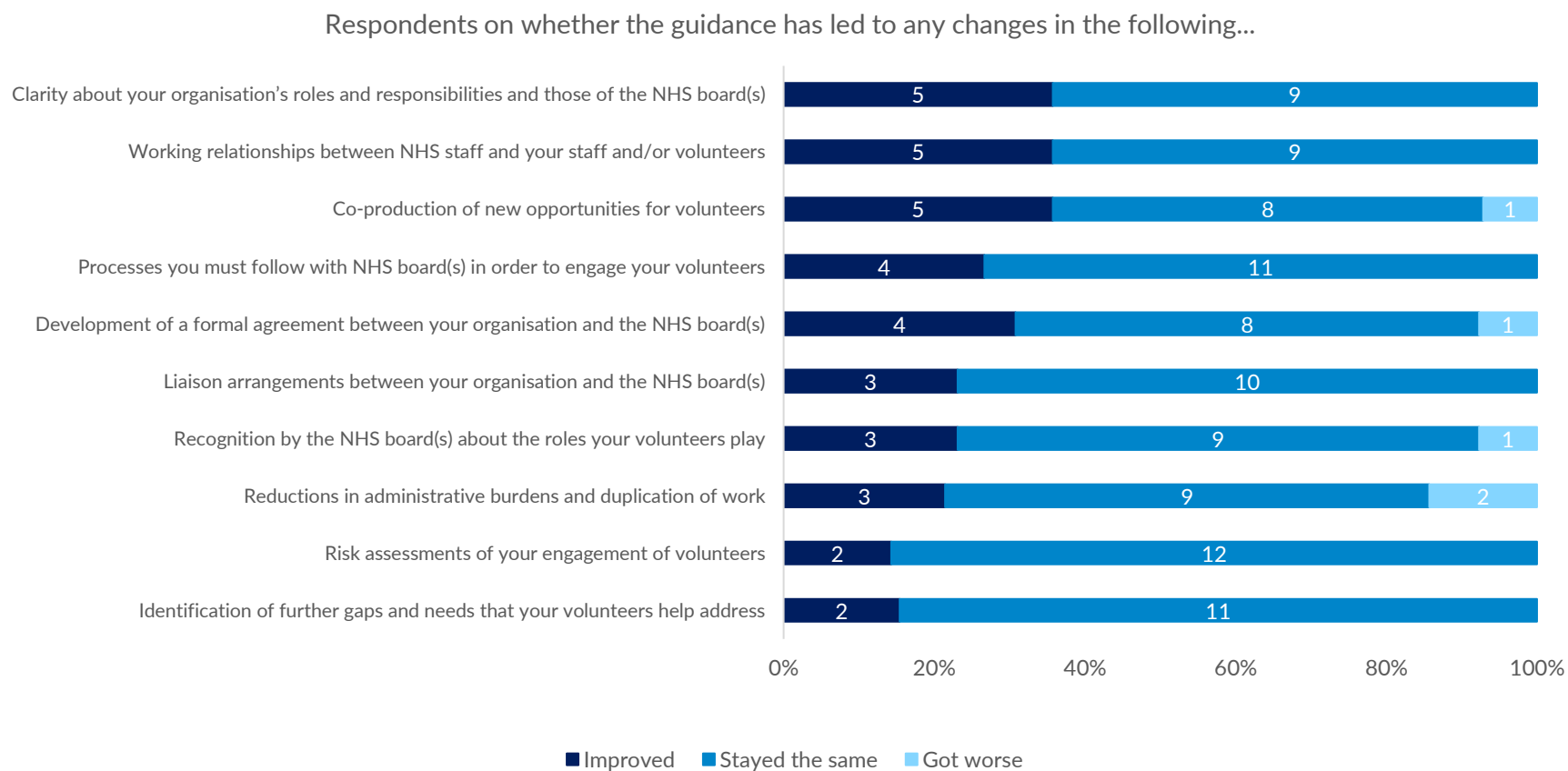


Figure 12: Changes as a result of the guidance [Source: Rocket Science analysis of survey data]



While most respondents felt there were no changes as a result of the guidance (i.e. stayed the same), some respondents had seen improvements. The most common improvements respondents reported included: *clarity about their organisations' roles and responsibilities and those of the NHS boards; working relationships between NHS staff and their staff and/or volunteers, and the co-production of new opportunities for volunteers.*

Respondents were also asked the extent to which they agreed with the following impacts of the guidance. Fourteen responses were received. No participants disagreed or strongly disagreed with any of the statements.

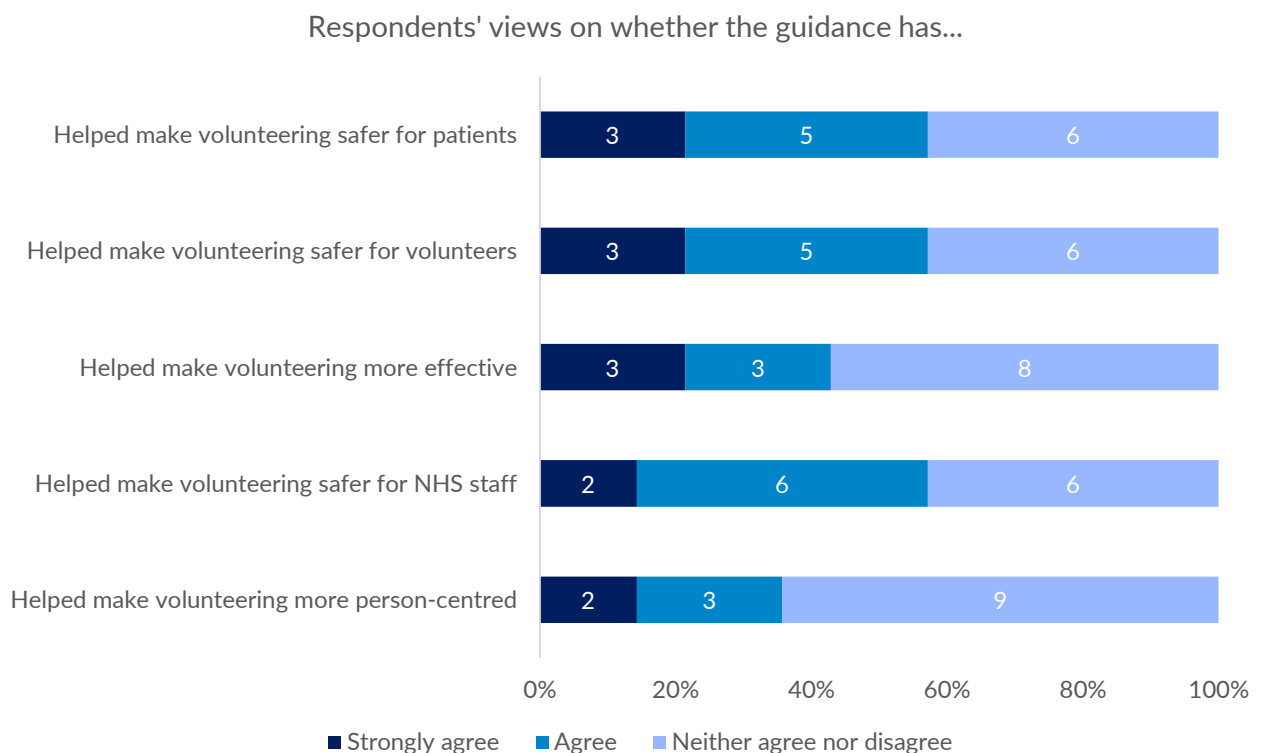


Figure 13: Further changes as a result of the guidance [Source: Rocket Science analysis of survey data]

Respondents were most likely to feel that the guidance helped *make volunteering safer for patients, volunteers and NHS staff.* The majority of respondents *neither agreed nor disagreed* with the statement that the guidance *helped make volunteering more person-centred and helped make volunteering more effective.*



3.6 Suggested improvements to the guidance

Some respondents listed suggestions on how awareness and implementation of the guidance could be improved. Seven respondents (12% of overall survey respondents) provided suggestions which included:

- **Increase promotion of partnership working between NHS and the third sector.** Some respondents felt that the relationship between the NHS and the third sector needed to be improved. This would also lead to the continued recognition of the importance of the “incredible help” provided by volunteers in the NHS.
- **Improve awareness of the guidance in third sector organisations.** Some respondents suggested providing third sector organisations with updates and guidelines “we have heard very little about this and been involved with many of the NHS boards over 10 years.”
- **Improve the terms of reference (eg scope and limitations) of the guidance** to ensure all parties are aware and willing to accomplish its goal. Some respondents felt that this could be done by writing in plain English to improve accessibility by different organisations and individuals.
- **Improve overall awareness of the guidance amongst NHS stakeholders.** It was felt that stakeholders in NHS boards were often not aware of the guidance. This could be improved by having “regular, mandatory workshops/events for NHS staff who may have contact with volunteers or voluntary organisations.”
- **Increase volunteer participation in guidance development and dissemination.** One respondent felt that the guidance was “very organisation-led” and that involving volunteers would help ensure accountability of the guidance.



4. NHS boards: findings

This chapter presents an analysis of interviews with Strategic Leads for Volunteering at NHS Scotland health boards. The interviews were based on a semi-structured questionnaire (see Appendix D) which contained a mix of questions – some unique to health boards whilst others were also asked in the third sector survey (for comparability). The following sections present the findings from 14 interviews with 11 health boards. The boards involved were:

NHS Scotland Health Boards

- NHS Ayrshire & Arran
- NHS Dumfries & Galloway
- NHS Grampian
- NHS Greater Glasgow and Clyde
- NHS Lothian
- NHS Tayside
- NHS Western Isles.

Special NHS Boards

- NHS 24
- NHS Education for Scotland
- NHS National Services Scotland
- State Hospitals Board for Scotland.

4.1 Overview of role

Most Strategic Leads for Volunteering were responsible for volunteering as well as other areas in their health board. For most individuals we spoke to, volunteering was often only one aspect of their multi-faced role within their board. Some individuals we spoke to were Equality and Diversity Leads, Chaplains, Programme Managers or Person-Centred Improvement Lead as well as being the Strategic Lead for Volunteering. Other roles included Clinical Governance and Risk Management, Patient Services Manager and Assistant Director for Quality Improvement. Two individuals had roles dedicated solely to volunteering as Head of Volunteering for their health board.

Thirteen individuals provided descriptions of their job roles. Participants' responsibilities in relation to volunteering included:

- Organising direct volunteering
- Identifying roles for volunteers



- Organising contracts with voluntary organisations
- Developing, implementing and reviewing policy on volunteering
- Supporting, training and line managing colleagues who recruit and train volunteers
- Organising PVG and safeguarding schemes
- Running volunteer development groups
- Feedback and complaint processes
- Directly managing volunteers
- Carer support
- Stakeholder improvement
- Spiritual and pastoral responsibilities.

4.2 Third sector engagement and agreements

4.2.1 Engagement of third sector volunteers in NHS settings

NHS boards displayed significant variation in the extent of their volunteer engagement with third sector organisations. Some NHS boards worked with an unknown number of organisations in the engagement of third sector volunteers in NHS settings, while some engaged with fewer organisations (e.g. one or two) on an ad hoc basis. One NHS board reported having over 80 organisations working within a single hospital ward. The most frequently mentioned organisations that the participating NHS boards worked with included:

- Macmillan Cancer Support
- Royal Voluntary Service Scotland
- Marie Curie
- The British Red Cross.

Some NHS boards also engaged with local organisations e.g. pets as therapy or art trusts. Note that three boards either did not offer on-site patient facing volunteering opportunities or engage indirect volunteers. These three boards were Special NHS Boards.



4.2.2 Agreements between NHS boards and third sector organisations

Eight NHS boards had agreements in place between their board and third sector organisations regarding the engagement of volunteers. Some of the boards that worked with third sector organisations in engaging volunteers in NHS settings had volunteering agreements in place with third sector organisations. The highest reported number of formal agreements was 25. Other NHS boards estimated that they had around 15-20 agreements, while others had 1-5 agreements in place. One participant was unable to discuss how many agreements they had in place as it was not within their remit to create the agreements.

It was common for agreements between NHS boards and third sector organisations to be Service Level Agreements. Many of these service-level agreements (SLAs) i.e. joint-working agreements, included financial arrangements (eg payment to third sector organisation for their involvement within the NHS board). SLAs are arranged via the Central Legal Office. In addition to SLAs, some NHS boards reported that they also create other types of agreements between themselves and third sector organisations on the engagement of volunteers in NHS settings e.g. through Memorandum of Understandings.

“We haven’t gone as far as making SLA with [third sector organisations], but we have an in-depth discussion with them about the formal recruitment and disclosure process, so we don’t have to duplicate.”

4.3 Data collection and impact measurement

4.3.1 Monitoring data

Three NHS boards collected monitoring data on the third sector volunteering in NHS settings. Seven NHS boards answered a question on whether their board collects any monitoring data on the third sector volunteering that takes place within NHS settings. Three NHS boards reported that they *do* collect monitoring data. Three stated they *do not*. One participant said they were *unsure* if their board collects monitoring data.

Two boards that *do* collect monitoring data provided a brief summary of the types of monitoring data they collect on volunteering in NHS settings. One board reported collecting number of volunteers,



placement types, training received, health and safety practices of volunteers, who has recruited them, next of kin, incidents on site as well as basic equality and age group monitoring. This board plans to create an annual report on the data collected on volunteering in NHS settings. The second board explained they collect monitoring data on activities, number of hours completed, age range and gender of volunteers.

Of the boards that stated they *do not* collect monitoring data on third sector volunteering in NHS settings, one board explained that they intended to gather monitoring data in the future and this will be outlined in future volunteering agreements. Another board felt that this data collection was more for third sector organisations than for NHS boards.

4.3.2 Measuring impact and effectiveness

Three NHS boards measured the impact and effectiveness of third sector volunteering that takes place within NHS settings. Participants from eight NHS boards provided responses with regards to measuring impact and effectiveness of volunteering. Three NHS boards reported that they *did* measure the impact and effectiveness of the volunteering they were responsible for in NHS settings. Five stated they *do not* measure the impact and effectiveness of volunteering. Note, the question asked in interviews with NHS boards asked if their board or HSCP measured the impact and effectiveness of the third sector volunteering that takes place within NHS settings (see Q2d in the NHS boards questionnaire in Appendix D). No board we spoke to volunteered information regarding impact measurements and the HSCPs they were involved in.

Some of the boards that *do* measure impact and effectiveness reported that they carry out case studies with volunteers as well as request feedback from volunteers. Other means of measuring volunteer impact and effectiveness included producing end of year volunteer surveys and measuring qualitative and quantitative outcomes.

Of the boards that *do not* measure impact and effectiveness of third sector volunteering, some felt that this was something they were currently “working on” and planned to introduce in the future. One board felt that they did not have the capacity to collect this information despite the measurement of the impact and effectiveness of volunteers being the recruiting agency’s responsibility.



4.4 Awareness and understanding of the guidance

Ten NHS boards reported being aware of the guidance before taking part in the interview. All 11 NHS boards provided responses on whether they were aware of the guidance before taking part in the interviews. Ten NHS boards stated that they were *aware*, one NHS board said they were *not aware*. The NHS board who stated they were *not aware* of the guidance before their interview explained:

“I went back and had a look. It would’ve been part of the lots of information [that was] signposted to me. It didn’t stand out to me when I received it as the key thing to look into.”

Many Strategic Leads became aware of the guidance through their professional responsibilities relating to volunteering. Participants who were *aware* of the guidance (10 NHS boards) explained how they found out about it. In many cases, Strategic Leads for Volunteering became aware of the guidance through their day-to-day responsibilities, with some involved in developing the guidance and also involved in ongoing groups and meetings on volunteering in the NHS. Two participants from one NHS board explained that they found out about the guidance when they applied or their job role as the guidance was integrated into their current position within their board.

Less than half those aware of the guidance were aware of the five steps for the development of strategic oversight of indirect volunteering. Participants were asked whether they were aware of the five steps that the guidance provides to NHS boards for the development of better strategic oversight of indirect volunteering. Five NHS boards stated they were *aware* of the five steps and six NHS boards were *not aware*.

Four participants who stated that they were *not aware* of the five steps explained their answers. Some participants felt they did not know the steps in the systematic way laid out in the guidance as they were “something you just do without the steps”. However, when participants were made aware of the steps in the interview, they highlighted areas in which they could be improved e.g. monitoring effectively or assessing costs and benefits. One participant expressed that they did not have the “level of awareness that I would wish to be at” with regards to the five steps for better strategic oversight.



Nearly all participants who were aware of the guidance felt their overall understanding of the guidance was very good or good (n=10). Five participants felt that their understanding was *very good*; five respondents felt that their understanding was *good*. One respondent felt that their understanding was poor.

“It’s pretty straightforward – it’s a good document.”

“It makes sense to me... although... some of the language is new. I’m getting into it.”

“We understand [the guidance] and what it’s trying to set out and explain, but we think other people [not just Strategic Leads for Volunteering] have to share the responsibility.”

4.5 Impact of the guidance

Participants provided responses on the impact of the guidance on their board’s engagement of third sector volunteers in NHS settings and whether it had led to any changes regarding their board and the organisations they work with.

Four boards felt that the guidance wholly underpinned or partially underpinned their engagement of third sector volunteers. Six participants provided a response on whether the guidance underpins their organisation’s engagement of third sector volunteers. One NHS board felt that the guidance *wholly underpinned* their organisations engagement of third sector volunteers. This board also felt that their board were:

“Going a step further with the detail... doing more than the guidance as it’s a good framework.”

Three boards stated that the guidance *partially underpinned* their engagement of third sector volunteers. One board stated that the guidance *did not underpin* their engagement of third sector volunteers as the recommendations within the guidance were already in place in their board. One participant stated that they were *unsure*. The participant explained that this was because there were uncertainties regarding Central Legal Office and third sector organisation awareness of the guidance. Additionally, some groups NHS boards worked with were not organisations, but informal groups which were “not a legal entity so it is not possible to have that agreement.”



One participant felt they could not provide an answer about whether the document underpins their engagement with third sector because their board “always had agreements in place and are rigorous in our agreements.”

There were mixed views on whether the guidance had an impact on NHS board engagement with third sector volunteers. Where the guidance made an impact, participants felt that this was positive. Ten NHS boards provided a response on whether the guidance had any impact on their organisation’s engagement of third sector volunteers. One NHS did not provide a response as this question was not relevant as they do not engage third sector volunteers in NHS settings.

Of those that responded, three NHS boards felt the guidance *had an impact* on the engagement of third sector volunteers. These boards explained the impact the guidance had. Two of these boards felt that the impact was *wholly positive*, and one NHS board felt that the impact was *mainly positive*. One board felt that the guidance helped improve their relationships with third sector organisations.

“We’ve had more positive relationships by going through the cycle of what we’d like to do and being more explicit with [organisations] we already have a MOU with. It does help relationships”

Another board explained the impact of the guidance was felt at board level:

“Within my annual service report there is a big section on volunteering. When the guidance was launched, we saw where we are... It was helpful at board level to validate why we do what we’re doing [in terms of] volunteering.”

Four NHS boards stated that the guidance had *no impact* on their engagement of third sector volunteers. Two boards felt that it was too early to tell if the guidance had an impact on their engagement. Both participants were optimistic that the guidance could have an impact in the future. One NHS board felt the guidance did not have an impact on their engagement. The participant felt the guidance will more likely have an impact on volunteering policy in the future as opposed to engagement.



Three NHS boards were *unsure* if the guidance had an impact on their engagement of third sector volunteers. Two participants explained that they were unable to say if it has had a direct impact due to their role – they felt that they were not best placed to know the impact of the guidance.

Three NHS boards felt that the guidance was quite easy to incorporate into their board. Five participants answered the question on how easy they felt it had been to incorporate the guidance into their work on engagement of third sector volunteers. Three participants felt it was *quite easy* to incorporate the guidance into their work. One NHS board explained that they had “expected a bit of resistance with organisations but haven’t found much of that at all.” Capacity to fully carry out the guidance was the challenging aspect for this NHS board. One participant felt that incorporating the guidance was *not easy*. For this NHS board, the lack of full awareness about the guidance from third sector organisations made incorporating the guidance difficult. It meant that the process of establishing an agreement was protracted. Incorporating the guidance was *neither easy nor difficult* for one NHS board.



4.5.1 Changes in NHS boards' engagement of third sector organisations with regards to the guidance

Thinking about the guidance, participants were asked to reflect on any changes to the following regarding their engagement of third sector volunteers. Not all participants responded to this section of the interview. Note a different number of participants answered each question.

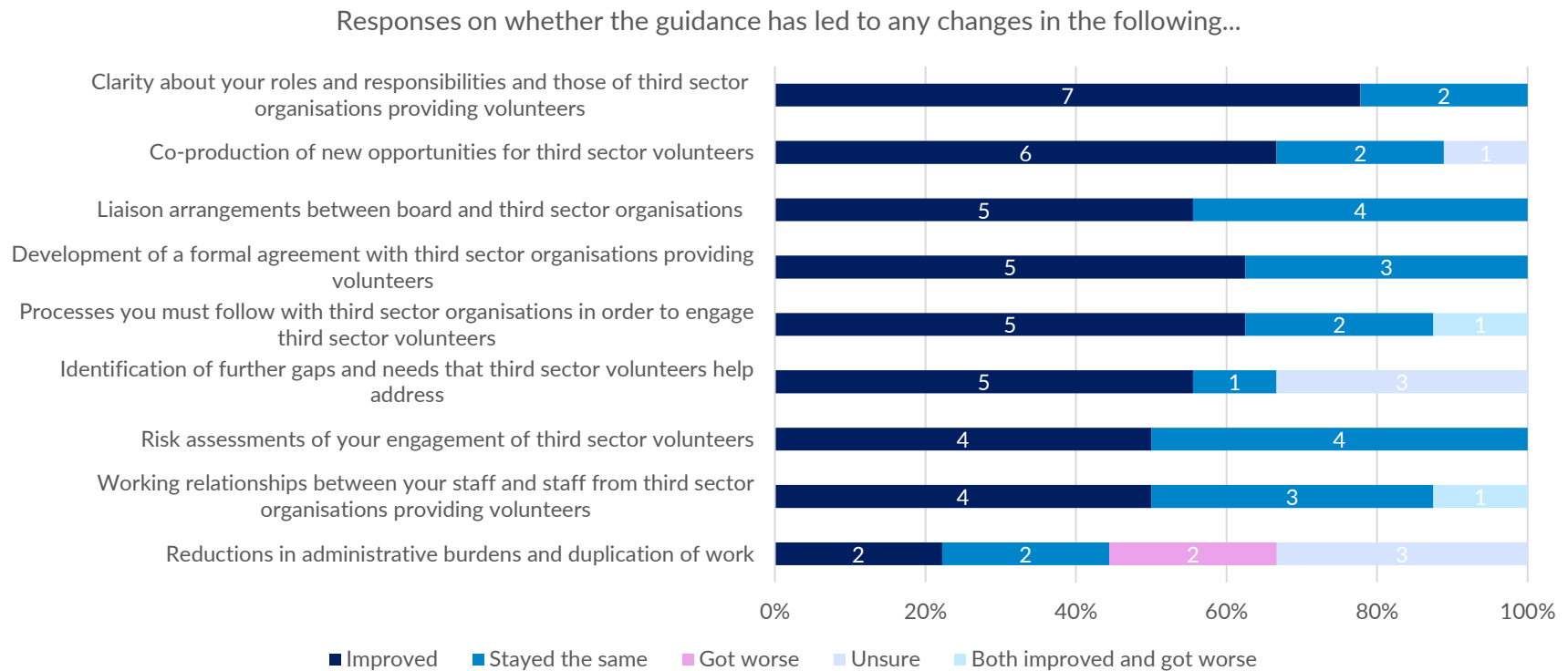


Figure 14: Changes as a result of the guidance [Source: Rocket Science presentation of interview data]



Overall, participants felt that many aspects had *improved* as a result of the guidance. The most common improvements reported by NHS boards included *clarity about their roles and responsibilities and those of third sector organisations providing volunteers* and the *co-production of new opportunities for third sector volunteers*. The only aspects which had gotten worse for some participants were *administrative burdens and duplication of work*.

For two participants, the guidance improved certain aspects of the engagement of third sector volunteering as well as making them worse. For one NHS board, this was with regards to the process which must be followed. The participant explained that the process was time consuming but resulted in a positive outcome. For another NHS board, the working relationships between their staff and staff from third sector organisations providing volunteers both improved and worsened. It was felt that the guidance put strain on the relationship between some third sector organisations and the board, while the guidance improved the working relationship of some others. This was because some organisations saw the guidance as a “threat”.



Further changes as a result of the guidance

Participants were asked the extent to which they agreed with the following impacts of the guidance. Note, only nine NHS boards provided a response to this question. One NHS board provided responses from two Strategic Leads for Volunteering. Their responses have both been included in the analysis of this question.

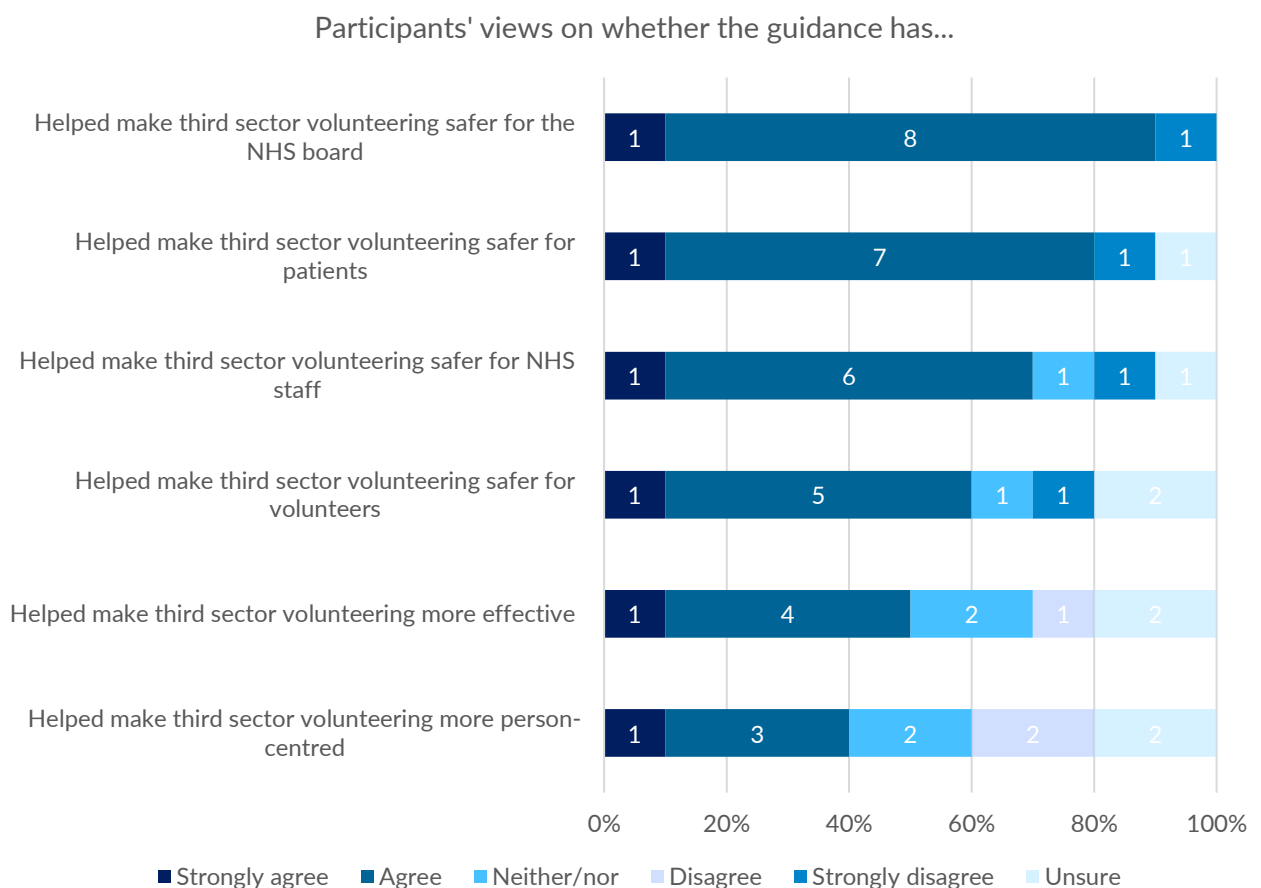


Figure 15: Further changes as result of the guidance [Source: Rocket Science presentation of interview data]

Participants were most likely to *strongly agree* and *agree* that the biggest impacts had been on making third sector volunteering safer for the NHS board, patients and NHS staff. Participants were most likely to disagree/strongly disagree that the guidance had made an impact on making third sector volunteering more effective and person-centred.



4.6 Difficulties in implementing the guidance

No NHS board reported having negative outcomes as a result of the guidance. In part, this was related to the feeling that it was too early to tell if the guidance had a direct impact on their organisations.

However, three boards mentioned difficulties in their implementation of the guidance. Two boards explained that the lack of awareness of the guidance resulted in difficulties for their board in engaging third sector volunteers. One of these boards explained that some third sector organisations were not aware of the guidance and were concerned about and felt threatened by the guidance when establishing formal agreements.

“There’s something like a fear factor there... We are supporting them to see [the guidance] as a good thing. It’s good guidance and helps make good arrangements. We’re helping them see it is for the benefit of the patient at the end of the day.”

The second board felt it was a “difficult journey” to put agreements in place between their board and third sector organisations. This related to the Central Legal Office (CLO) not being clear about the guidance and its aims.

Another board mentioned that there were additional administrative burdens relating to the implementation of the guidance in relation to the engagement of third sector volunteers, but that this was outweighed by the benefits of having the guidance in place.

4.7 Additional uses of the guidance

Three NHS boards mentioned other uses of the guidance. These included using the guidance:

- To refresh non-third sector volunteering policy, especially in terms of safeguarding
- As a reference point for providing advice and guidance to NHS staff
- As an overall guide to the Strategic Lead for Volunteering role
- For guidance when visitors other than friends and family come into the hospital to visit patients e.g. football teams.



4.8 Suggested improvements to the guidance

A number of participants provided suggestions on how awareness and implementation of the guidance could be improved. Suggestions included:

- **More interconnected working between boards.** Four NHS boards felt that this would help prevent the duplication of effort and improve consistency in the implementation of the guidance. It was felt that this could include an example of a formal agreement or SLA suitable for all NHS boards.
- **Improve third sector awareness of the guidance.** Some boards felt that having both boards and third sector organisations aware and prepared when engaging volunteers would help the likelihood of reaching an appropriate agreement.
- **Increase overall awareness of the guidance to include executive leads of NHS boards and ward directors.** This would ensure that the guidance “reaches the right people” including people who may be better placed as they were most likely to engage third sector volunteers and know their patients’ needs. It was suggested a relaunch of the guidance could increase visibility and awareness more generally.
- **Publishing examples of best practice.** One participant suggested that guidance and best practice be identified on how to enhance the experience for both patients and volunteers without increasing the burden of clinical staff.
- **Highlighting the importance of the guidance for newly recruited individuals in NHS boards.** Some participants felt that the guidance should be highlighted to those newly recruited as Strategic Leads for Volunteering as one of the most important documents (e.g. top three) which could improve implementation in NHS boards.
- **Explore opportunities to make the guidance’s recommendations obligatory.** It was suggested that the guidance become a “regulatory document by the Scottish Government.” This would ensure NHS boards comply with the recommendation and achieve consistency across NHS Scotland.



5. Conclusions

Volunteering in NHS settings

Amongst the **third sector organisations** surveyed, volunteers had been engaged in all of the regional NHS boards, with NHS Greater Glasgow and Clyde and NHS Forth Valley most likely to have been engaged. Four of the eight special NHS boards had also been engaged.

Estimates on the number of volunteers engaged by third sector organisations in NHS settings varied widely, ranging from one to 5,000. Twenty-eight respondents listed approximately how many indirect volunteers in total they currently engage in NHS settings. Overall, this amounted to 8,076 indirect volunteers. The most frequent number of volunteers was seven; the median number of volunteers engaged was 16 and the average was 299.

Third sector volunteers were involved in a variety of roles in NHS settings, with *information giving* the most common role, followed by *ward visitors* and *health promotion*.

NHS boards displayed significant variation in their volunteer engagement with third sector organisations. Whilst one NHS board reported working with over 80 organisations within a single hospital ward, others were only aware of working with one or two third sector organisations. The most frequently mentioned organisations included Macmillan Cancer Support, Royal Voluntary Service Scotland, Marie Curie, and British Red Cross.

Eight out of 11 NHS boards had agreements in place with third sector organisations regarding the engagement of volunteers, with the highest number of formal agreements in any one NHS board being 25, and between 15-20 agreements was quite common. These links were often in the form of Service Level Agreements involving input and advice from the Central Legal Office.

Data collection and impact measurement

The majority of **third sector organisations** collected monitoring data and measured the impact and effectiveness of their volunteering in NHS settings. Overall, four-fifths of third sector organisations



collected monitoring data (such as demographic information) whilst around two-thirds had measured the impact and effectiveness of volunteering, for instance, via case studies and evaluations.

NHS boards were less likely than third sector organisations to collect monitoring data or measure the impact and effectiveness of third sector volunteering in NHS settings. Just three out of seven NHS boards collected monitoring data (such as number of volunteers and demographic information) or measured the impact and effectiveness of third sector volunteering (through case studies and feedback from volunteers). Some NHS boards highlighted capacity issues as barriers to this kind of work, whilst others felt these were tasks for the third sector organisations.

Awareness and understanding of the guidance

Almost two-thirds of **third sector organisations** were unaware of the guidance with nearly one third aware. Amongst those who were aware (16 respondents), half became aware of the guidance from NHS sources whilst a small number had found out from Voluntary Health Scotland, reference groups and wider meetings/groups relating to volunteering in the NHS. The majority of these respondents were also aware of the five steps for the development of better strategic oversight of indirect volunteering. In addition, three-quarters of these respondents felt that their overall understanding of the guidance was very good or good.

Most **NHS boards** (10 out of 11) were aware of the guidance before taking part in the interview but were less aware of the five steps for better strategic oversight of indirect volunteering with over half (six NHS boards) being aware of the steps. Despite this, nearly all Strategic Leads felt that their overall understanding of the guidance was either good or very good. Strategic Leads most commonly became aware of the guidance through their day-to-day responsibilities relating to volunteering.

Impact of the guidance

A small number of **third sector organisations** (16) commented on the impact the guidance had on their engagement of volunteers in NHS settings. Around two-thirds of respondents felt the guidance had no impact or were unsure of its impact. One third of respondents felt that the guidance did have an impact on their engagement of volunteers in NHS settings and they all felt this impact was



positive. These positive impacts included: clarifying expectations between organisations; building volunteering further; and identifying the benefits of volunteering.

Thinking about the engagement of volunteers in NHS settings, most third sector organisations felt that the guidance had not led to changes in how they work with NHS boards. However, some respondents saw improvements, including clarity about their organisations' roles and responsibilities and those of the NHS boards; working relationships between NHS staff and third sector staff/volunteers; and the co-production of new opportunities for volunteers.

In response to a series of statements about the impact of the guidance, around half of respondents agreed that the guidance helped make volunteering safer for patients, volunteers and NHS staff, whilst around two-fifths felt it had helped make volunteering more effective and person-centred.

Four **NHS boards** (out of six) reported that the guidance wholly (1) or partially (3) underpinned their engagement of third sector volunteers. There were mixed views on whether the guidance had an impact on NHS board engagement with third sector volunteers. Some NHS boards felt it was too early to tell, whilst others felt the guidance had helped improve relationships with third sector organisations and had given strategic direction on volunteering at board level.

Some NHS boards highlighted further changes they had made with reference to the guidance. These included: refreshing a non-third sector volunteering policy; providing an overall guide for the Strategic Lead role; and offering guidance for other visitors to patients (*i.e.* other than friends and family).

Overall, participants felt that many aspects had improved as a result of the guidance, in particular: clarity about their roles and responsibilities and those of third sector organisations providing volunteers; and the co-production of new opportunities for third sector volunteers. The only aspects which had gotten worse for some participants were administrative burdens and duplication of work.

In response to a series of statements about the impact of the guidance, participants were most likely to agree that the biggest impacts had been on making third sector volunteering safer for the NHS board, patients and NHS staff. Participants were most likely to disagree that the guidance had made an impact on making third sector volunteering more effective and person-centred.



Improvements to the guidance

None of the **third sector organisations** had experienced negative outcomes linked to the guidance. Around one tenth did highlight suggestions on how awareness and implementation of the guidance could be improved. The key point made was that overall awareness of the guidance amongst third sector organisations (and NHS stakeholders) could be improved. Additionally, it was felt that the terms of reference (eg scope and limitations) of the guidance could be simplified, volunteer participation in guidance development could be increased and partnership working between NHS boards and the third sector could be promoted.

As with third sector respondents, none of the **NHS boards** had experienced negative outcomes linked to the guidance. However, three boards mentioned difficulties in their implementation of the guidance relating to lack of awareness of the guidance in third sector organisations and the Central Legal Office, and an increased amount of administrative burdens.

Some Strategic Leads for Volunteering in NHS boards provided suggestions to improve the awareness and implementation of the guidance. As above, it was felt that increased awareness of the guidance amongst NHS boards (e.g. executive leads and ward directors) and third sector organisations was required, for instance, to help the parties involved reach agreements. Other suggestions included better working between NHS boards to improve consistency; publishing examples of best practice; and highlighting the importance of the document to newly recruited individuals in strategic NHS board roles. Additionally, it was suggested that the guidance be made compulsory to ensure that NHS boards comply.



6. Recommendations

Volunteering in NHS settings

Our findings confirm significant engagement of third sector volunteers in NHS settings, for instance, with 28 third sector survey respondents highlighting over 8,000 volunteers. This highlights the potential for the Clear Pathway guidance to inform these engagements. Future communications on the guidance should highlight its relevance to the creation and review of Service Level Agreements. In addition, as a source of advice and guidance, the Central Legal Office should be fully briefed on the guidance to ensure their dealings with health boards are well informed.

Overall, in light of Covid-19 there are wider questions about the adaptability of the guidance in what are likely to be changed circumstances for the engagement of indirect volunteers in NHS settings. Views on this will inform the relevance of the following recommendations.

Data collection and impact measurement

Our findings highlight that third sector organisations appear to be more actively engaged than NHS boards in the collection of monitoring data and measurement of impact and effectiveness of volunteering in NHS settings. This would seem to make sense given indirect volunteers in NHS settings are ultimately the responsibility of the third sector organisations. The range of methods used suggest there is scope to develop best practice examples for data monitoring and impact measurement. Additionally, it may be possible to provide examples of how NHS boards and third sector organisations can share responsibility for these tasks in order to limit duplication of effort.

Awareness and understanding of the guidance

Our findings confirm that while most NHS boards were aware of the guidance, most third sector organisations were unaware. Increasing third sector organisations' awareness of the guidance could potentially improve partnerships between the third sector and NHS boards and increase the likelihood of positive outcomes in the engagement and deployment of volunteers. Additionally, while many NHS boards were aware of the guidance, most were unaware of the five steps for the



development of better strategic oversight of indirect volunteering. This suggests that Strategic Leads for Volunteering could be encouraged to increase their in-depth understanding of the details of the guidance, for instance, at an event or online discussion for Strategic Leads where ideas on how best to utilise the guidance could be discussed and shared.

Impact of the guidance

A small number of third sector organisations and NHS boards who had implemented changes linked to the guidance reported positive impacts. This suggests improvements could be made in helping organisations implement, and realise the benefits of, the guidance. Providing case studies, lessons learnt and instances of best practice regarding implementation should be identified and shared amongst relevant parties e.g. following Strategic Leads events or discussions. Additionally, improving awareness and involvement of third sector organisations in the guidance could improve recognition and perceptions of impact linked to the guidance.

Both third sector organisations and NHS boards were most likely to agree that the guidance had made volunteering safer for patients and NHS staff, however there was less agreement that it had made volunteering more person-centred. Greater clarification on what person-centred volunteering is, and how the guidance aims to facilitate it, could help organisations realise this benefit more in the future.

Improvements to the guidance

The main suggestion on the guidance related to awareness raising across the third sector and the NHS. A campaign aimed at key individuals e.g. executive/strategic leads and third sector CEOs could help increase awareness and usage of the guidance.

In addition, both sectors highlighted the need for consistent use and application of the guidance. The development of templates for suitable service level agreements or formal agreements could go some way to addressing this point.



Appendices

Appendix A: Reference group members

- Alan Bigham, NHS Healthcare Improvement Scotland and Scottish Health Council
- Marion Findlay, Volunteer Edinburgh
- Allan Johnstone, Inverclyde Community Development Trust and VHS Board member
- Matthew Linning, Volunteer Scotland
- Jolanta Lisicka, Scottish Government
- Paul Okroj, Chest Heart and Stroke Scotland
- Tracey Passway, NHS Tayside
- Catrina Steenberg, Scottish Government
- Claire Stevens, Voluntary Health Scotland
- Margaret Young, NHS Greater Glasgow and Clyde



Appendix B - Third Sector Survey

Thank you for taking the time to complete this survey. This survey is for organisations who work in partnership with NHS boards in Scotland to engage volunteers in NHS settings. Your responses will help inform future volunteer strategies within the NHS and voluntary sector in Scotland.

Please follow the instructions as you work your way through the questions. Be assured that your responses will be treated confidentially, and all feedback will be reported at an aggregate level. This survey is being conducted in accordance with the Market Research Society Code of Conduct and adheres to all data protection laws including GDPR.

Should you have any questions about this research please contact: Fionnuala.Ni-Mhuilleoir@rocketsciencelab.co.uk

About you and your organisation

For verification purposes please provide the following details. This information will only be used to check that all responses are from a genuine source. This information will not be linked to your responses unless you give us permission to recontact you at the end of the survey.

Q1a. Verification details

1. Name: _____
2. Organisation: _____
3. Role: _____
4. Email: _____

Q1b. Is your organisation a local, Scottish or UK wide organisation....

1. Local (eg. town or city based)
2. Regional (eg. local authority based)
3. Scottish
4. UK
5. Other, please specify: _____

Q1c. Which of the following best describes your role?

1. Junior role



2. Mid-level role
3. Senior role
4. Other, please specify: _____

Volunteering in NHS settings

These questions ask about your organisation's engagement of volunteers in NHS Scotland settings. If you do not engage volunteers in NHS Scotland settings, please click 'Not Applicable' and you will be routed to other questions.

Q2a. Thinking about engaging your volunteers in NHS settings, has your involvement in this been....

1. At an overall organisation level
2. At a regional level
3. At a local/branch level
4. On a particular service/project
5. Not applicable
6. Other, please specify: _____

Q2b. Does your organisation engage its own volunteers in NHS settings run by any of these NHS boards (including Health and Social Care Partnerships)?

1. NHS Ayrshire & Arran
2. NHS Borders
3. NHS Dumfries & Galloway
4. NHS Fife
5. NHS Forth Valley
6. NHS Grampian
7. NHS Greater Glasgow & Clyde
8. NHS Highland
9. NHS Lanarkshire
10. NHS Lothian
11. NHS Orkney
12. NHS Shetland
13. NHS Tayside
14. NHS Eileanan Siar Western Isles



15. NHS Education for Scotland
16. NHS Health Scotland
17. NHS National Waiting Times Centre
18. NHS24
19. Scottish Ambulance Service
20. The State Hospitals Board for Scotland
21. NHS National Services Scotland
22. Healthcare Improvement Scotland
23. Not applicable [GO TO Q3a]

Q2c. Approximately, how many volunteers in total do you currently engage in NHS Scotland settings?

NOTE: If you are unable to answer this question please click 'Next' to move on.

Q2d. In which of the following roles do you currently engage volunteers in NHS Scotland settings?

1. Befriending
2. Guiding and welcoming
3. Information giving
4. Health promotion
5. Helping at clinics and events
6. Fundraising
7. Peer support
8. Library
9. Café and shops
10. Ward visitors
11. Ward helpers
12. Transport
13. Chaplaincy
14. Therapeutic care
15. Not applicable
16. Other, please specify: _____



Q2e. Does your organisation collect any monitoring data on the volunteering it is responsible for in NHS settings, eg. no.of volunteers, placement types?

1. Yes
2. No
3. Unsure

Q2ei. Please provide a brief summary of the types of monitoring data you collect on volunteering in NHS settings?

Q2f. Does your organisation measure the impact and effectiveness of the volunteering it is responsible for in NHS settings, eg. impact assessment, case studies

1. Yes
2. No
3. Unsure

Q2fi. Please provide a brief summary of how you measure the impact and effectiveness of volunteering in NHS settings?

Awareness of Clear Pathway Guidance

Q3a. Before taking part in this survey, were you aware of the Clear Pathway Guidance?

1. Yes
2. No
3. Unsure

Q3b. How did you find out about the Clear Pathway Guidance?

NOTE: If you have no comments to make please click 'Next' to move on.



Q3c. Are you aware of the five steps that the Clear Pathway Guidance provides to NHS boards for the development of better strategic oversight of indirect volunteering?

NOTE: Five steps are: 1) Build relationships; 2) Review current situation; 3) Assess costs and benefits; 4) Develop formal agreements; 5) Monitor effectively

1. Yes
2. No
3. Unsure

Q3d. How would you rate your overall understanding of the Clear Pathway guidance?

1. Very good
2. Good
3. Neither / nor
4. Poor
5. Very poor

Impact of Clear Pathway Guidance

Q4a. Has the Clear Pathway Guidance had any impact on your organisation's engagement of volunteers in NHS settings?

1. Yes
2. No
3. Unsure

Q4b. Please tell us about the impact that the Clear Pathway Guidance has had on your organisation's engagement of volunteers in NHS settings.

NOTE: If you have no comments to make please click 'Next' to move on.

Q4c. How would you rate the impact of the Clear Pathway Guidance on your organisations engagement of volunteers in NHS settings?

1. Wholly positive
2. Mainly positive
3. Neither / nor



4. Mainly negative
5. Wholly negative
6. Unsure

Q4d. Why do you say that [ANSWER TO Q4c]?

NOTE: If you have no comments to make please click 'Next' to move on.

Q4e. On a scale of 1 to 5 where 1 = *Not at all easy* and 5 = *Very easy*, how easy would you say it has been to incorporate the Clear Pathway Guidance in your work on engagement of volunteers in NHS settings.

1. Very easy
2. Quite easy
3. Neither / nor
4. Not easy
5. Not at all easy
6. Unsure

Q4f. Thinking about the engagement of volunteers in NHS Scotland settings, has the Clear Pathway Guidance led to changes in any of the following e.g. regarding you and the NHS board(s) you work with.

	Improved	Stayed the Same	Got worse	Unsure
1. Liaison arrangements between your organisation and the NHS board(s)	1	2	3	4
2. Recognition by the NHS board(s) about the roles your volunteers play	1	2	3	4
3. Processes you must follow with NHS board(s) in order to engage your volunteers	1	2	3	4
4. Identification of further gaps and needs that your volunteers help address engagement	1	2	3	4
5. Risk assessments of your engagement of volunteers	1	2	3	4



6. Co-production of new opportunities for volunteers	1	2	3	4
7. Development of a formal agreement between your organisation and the NHS board(s)	1	2	3	4
8. Clarity about your organisation's roles and responsibilities and those of the NHS board(s)	1	2	3	4
9. Working relationships between NHS staff and your staff and/or volunteers	1	2	3	4
10. Reductions in administrative burdens and duplication of work	1	2	3	4

Q4g. To what extent would you agree or disagree with the following statements.

The Clear Pathway Guidance has...

	Strongly agree	Agree	Neither / nor	Disagree	Strongly disagree	Unsure
...helped make volunteering safer for <u>volunteers</u>	1	2	3	4	5	6
...helped make volunteering safer for <u>patients</u>	1	2	3	4	5	6
Helped make volunteering safer for <u>NHS staff</u>	1	2	3	4	5	6
...helped make volunteering more <u>effective</u>	1	2	3	4	5	6
...helped make volunteering more <u>person-centred</u>	1	2	3	4	5	6

Q4h. In your experience, have there been any negative outcomes from the Clear Pathway Guidance?

NOTE: If you have no comments to make please click 'Next' to move on.



Q4i. Has any NHS board used the Clear Pathway guidance for non-volunteering related purposes when working with you, e.g. to help guide the development of training services?

NOTE: If you have no comments to make please click 'Next' to move on.

Q4j. Finally, do you have any suggestions on how awareness and implementation of the Clear Pathway Guidance could be improved?

NOTE: If you have no comments to make please click 'Next' to move on.

Further Consultation

Q5a. This survey forms part of an ongoing evaluation of the Clear Pathway Guidance which will involve gathering feedback from third sector, NHS and other stakeholders. Rocket Science will collate and analyse your feedback as part of this evaluation. It may be helpful for Rocket Science to contact you to clarify your responses. If you are happy to be contacted about your feedback, please tick Yes below. If you would rather not be contacted, please tick No.

1. Yes, you have my permission to contact me about my responses to this survey
2. No, I would rather not be contacted about my responses to this survey

Thank & Close



Appendix C – NHS responses to the third sector survey

8 responses to the third sector survey were from individuals who listed their organisation as the NHS. This section will briefly cover the responses. Respondents' roles were cross checked to ensure that the individuals were not responding in a different capacity from their NHS roles. 1 individual was removed from this analysis as they were a Strategic Lead for Volunteering. We were able to interview this respondent at the interview stage and their response is recorded there.

Background on respondents

The 7 NHS respondents to the third sector survey listed that they were from:

- Healthcare Improvement Scotland
- NHS Fife
- NHS Forth Valley
- NHS Grampian
- NHS Health Scotland
- NHS Tayside
- 1 respondent did not list their board.

3 respondents were Voluntary Services Managers. Other roles included Head of Person-Centred Care, Organisational Lead, Consultant and Project Officer (Volunteering). 4 respondents had a mid-level role; 2 respondents had a senior role; 1 had a junior role.

Volunteering in NHS settings

4 respondents listed their organisation as *Scottish*; 2 respondents' organisations were *regional*, and 1 respondent's organisation was *local*. 3 respondents listed their involvement as being at an *overall organisation level*; 3 respondents' involvement was at a *regional level*; 2 respondents were involved in a *particular service/project* and 1 respondent was involved at a *local/regional level*. 1 respondent felt that this question was *not applicable*. Note respondents may have picked more than one response.

3 respondents provided answers on the types of roles they currently engage volunteers in NHS settings. All 3 had volunteers engaged in information giving. 2 respondents engaged their volunteers in befriending; guiding and welcoming; and health promotion. Other volunteer roles mentioned included:

- Helping at clinics and events
- Café and shops



- Ward visitors
- Transport
- Social support
- Creative crafts
- Ward helpers
- Chaplaincy
- Florists
- Community group support.

2 respondents *collected monitoring data* on third sector volunteers in NHS settings. This included regular surveys and feedback from volunteers and patients. The same 2 respondents also *measures the impact and effectiveness* of the volunteering their organisation is responsible for in NHS settings. Measures were qualitative and included one-to-one sessions with patients and volunteers and feedback events.

Awareness of the guidance

2 respondents were *aware* of the guidance before taking part in the survey. 2 respondents were *not aware* of the guidance before taking part in the survey. 1 respondent was *unsure*. Respondents who were aware of the guidance were *aware* of the five steps for the development of better strategic oversight of indirect volunteers. They rated their understanding as *very good* and *good*.

While 1 respondent was *unsure* if it had an impact on their organisation, 1 respondent felt that the guidance *had an impact* on their organisation's engagement of volunteers in NHS settings. They rated the overall impact of the guidance as *wholly positive*:

"I reviewed all the governance arrangements and made changes in accordance, an example being the process to recruit volunteers is now in line with our NHS arrangements."

This respondent felt it was *quite easy* to incorporate the guidance into their work on engagement of volunteers in NHS settings and the following aspects had *improved* as a result of the guidance:

- Recognition by the NHS board(s) about the roles your volunteers play
- Processes you must follow with NHS board(s) in order to engage your volunteers
- Identification of further gaps and needs that your volunteers help address
- Risk assessments of your engagement of volunteers
- Co-production of new opportunities for volunteers



- Clarity about your organisation's roles and responsibilities and those of the NHS board(s).

The respondent felt that the following aspects *stayed the same*:

- Liaison arrangements between your organisation and the NHS board(s)
- Working relationships between NHS staff and your staff and/or volunteers.

The respondent either *agreed* or *strongly agreed* that the guidance has helped:

- Make volunteering safer for volunteers
- Make volunteering safer for patients
- Make volunteering safer for NHS staff
- Make volunteering more effective
- Make volunteering more person centred.



Appendix D – NHS boards questionnaire

Thank you for taking the time to complete this interview. We (Rocket Science) have been commissioned by the Scottish Government and Voluntary Health Scotland to understand awareness and impact of the Clear Pathway guidance. You are receiving this questionnaire in your role of Strategic Lead for Volunteering.

I have some questions I'd like to ask you about the guidance today which should take 10 minutes. Your responses will help inform future volunteer strategies within the NHS and voluntary sector in Scotland.

Overview of Role

Q1a. Verification details

5. Name: _____
6. Health board: _____
7. Role: _____

Q1b. Please provide a brief description of your role and involvement in volunteering within your board (or HSCP)?

Volunteering in NHS settings

My next questions ask about the engagement of third sector volunteers in NHS settings.

NOTE: clarify that all our questions concern 'third sector' eg. 'third party' volunteering and not 'NHS volunteers/volunteering'. Check that respondent is clear on this before proceeding.

Q2a. Please list the main third sector organisations (eg. charitable, voluntary and community organisations) that your NHS Board has worked with in the engagement of third sector volunteers in NHS settings.



Q2b. Can you estimate how many volunteering agreements your board (or HSCP) has in place with third sector organisations?

Q2c. Does your board (or HSCP) collect any monitoring data on the third sector volunteering that takes place within NHS settings, eg. no.of volunteers, placement types?

4. Yes
5. No
6. Unsure

[IF Q2c=1] Q2ci. Please provide a brief summary of the types of monitoring data you collect on third sector volunteering in NHS settings?

Q2d. Does your board (or HSCP) measure the impact and effectiveness of the third sector volunteering that takes place within NHS settings, eg. impact assessment, case studies

4. Yes
5. No
6. Unsure

[IF Q2d=1] Q2di. Please provide a brief summary of how you measure the impact and effectiveness of third sector volunteering in NHS settings?

Awareness of Clear Pathway guidance

Q3a. Before taking part in this survey, were you aware of the Clear Pathway guidance?

4. Yes
5. No
6. Unsure



Q3b. How did you find out about the Clear Pathway guidance?

Q3c. The Clear Pathway guidance highlights five steps for the development of better strategic oversight of third sector volunteering in NHS settings, these are:

- 1) Build relationships
- 2) Review current situation
- 3) Assess costs and benefits
- 4) Develop formal agreements
- 5) Monitor effectively

Before taking part in this survey, were you aware of these five steps?

- 4 Yes
- 5 No
- 6 Unsure

Q3d. On a scale of 1 to 5 where 1 equals *very poor* and 5 equals *very good*, how would you rate your overall understanding of the Clear Pathway guidance?

5. Very good
4. Good
3. Neither / nor
2. Poor
1. Very poor

Impact of Clear Pathway guidance

Q4a. Does the Clear Pathway guidance now underpin your organisation's engagement of third sector volunteers?

4. Yes, wholly
5. Yes, partially
6. No
7. Unsure



Q4b. Has the Clear Pathway guidance had any impact on your organisation's engagement of third sector volunteers?

1. Yes
2. No [GO TO Q4f]
3. Unsure [GO TO Q4f]

Q4c. Please tell us about the impact that the Clear Pathway guidance has had on your organisation's engagement of third sector volunteers?

Q4d. On a scale of 1 to 5 where 1 equals *wholly negative* and 5 equals *wholly positive*, how would you rate the impact of the Clear Pathway guidance on your organisation's engagement of third sector volunteers?

5. Wholly positive
4. Mainly positive
3. Neither / nor
2. Mainly negative
1. Wholly negative

Q4e. Why do you say that [ANSWER TO Q4c]?

Q4f. On a scale of 1 to 5 where 1 = *Not at all easy* and 5 = *Very easy*, how easy would you say it has been to incorporate the Clear Pathway guidance in your work on engagement of third sector volunteers.

5. Very easy
4. Quite easy
3. Neither / nor
2. Not easy
1. Not at all easy



Q4g. Thinking about the engagement of third sector volunteers, has the Clear Pathway guidance led to changes in any of the following e.g. regarding you and the outside organisations you work with.

For each, please tell me if they have *improved*, *stayed the same* or *got worse* as a result of Clear Pathway guidance

	Improved	Stayed the Same	Got worse	Unsure
1. Liaison arrangements between board and third sector organisations	1	2	3	4
2. Processes you must follow with third sector organisations in order to engage third sector volunteers	1	2	3	4
3. Identification of further gaps and needs that third sector volunteers help address	1	2	3	4
4. Risk assessments of your engagement of third sector volunteers	1	2	3	4
5. Co-production of new opportunities for third sector volunteers	1	2	3	4
6. Development of a formal agreement with third sector organisations providing volunteers	1	2	3	4
7. Clarity about your roles and responsibilities and those of third sector organisations providing volunteers	1	2	3	4
8. Working relationships between your staff and staff from third sector organisations providing volunteers	1	2	3	4
9. Reductions in administrative burdens and duplication of work	1	2	3	4



Q4h. To what extent would you agree or disagree with the following statements.

The Clear Pathway guidance has...

	Strongly agree	Agree	Neither / nor	Disagree	Strongly disagree	Unsure
...helped make third sector volunteering safer for <u>volunteers</u>	1	2	3	4	5	6
...helped make third sector volunteering safer for <u>patients</u>	1	2	3	4	5	6
Helped make third sector volunteering safer for <u>NHS staff</u>	1	2	3	4	5	6
Helped make third sector volunteering safer for the <u>NHS board</u>	1	2	3	4	5	6
...helped make third sector volunteering more <u>effective</u>	1	2	3	4	5	6
...helped make third sector volunteering more <u>person-centred</u>	1	2	3	4	5	6

Q4i. In your experience, have there been any negative outcomes from the Clear Pathway guidance?

Q4j. Have you used the Clear Pathway guidance for non-third sector volunteering related purposes, e.g. to help guide the engagement of NHS volunteers or the development of training services?



Q4k. Finally, do you have any suggestions on how awareness and implementation of the Clear Pathway guidance could be improved?

Further Consultation

Q5a. This survey forms part of an ongoing evaluation of the Clear Pathway guidance which will involve gathering feedback from the NHS, third sector and other stakeholders. We will collate and analyse your feedback as part of this evaluation. It may be helpful for Rocket Science to contact you to clarify your responses. Are you happy for us to contact you about your feedback?

3. Yes, you have my permission to contact me about my responses to this survey
4. No, I would rather not be contacted about my responses to this survey

Q5b. [IF RELEVANT] Would you be willing to cascade a short third sector survey to the organisations mentioned in Q2a. This would help us gain the views of third sector organisations on their experience of the Clear Pathway guidance.

1. Yes – collect email address and forward email/survey link for distribution
2. No – thank and close

Thank & Close



Appendix E – Detailed list of respondents’ job roles

Job role	Number of respondents
Art room Manager	1
Assistant Director People Development	1
CEO	2
Chairperson	1
Chief Executive	2
Compassionate Inverclyde Programme Lead	1
Consultant	1
Coordination and organisation development	1
Co-ordinator	1
Development Manager	1
Development Officer	1
Development Officer, Grampian Region	1
Director	1
Director Scotland	1
Director of Operations	1
Head of Behaviour Change	1
Head of Business Development	1
Health Promotion Specialist	1
Health Promotion Volunteer	1
Information & Admin Officer	1
Information Point volunteer	1
Integration Engagement Officer	1
Lead Consultant Evaluations	1
Macmillan Programme Manager	1
Manager	6
Operations Manager	1
Outreach Worker	1
Partnership Manager (Health and Social Care)	1
Partnership Officer	1
Placement Support manager	1
Project Manager	1
Projects Coordinator	1
Scotland Hub Manager	1
Senior Co-ordinator	1
Senior Development Officer	1



Service Coordinator	1
service manager	2
Service manager for on ward and transport	1
Strategic Planning	1
SUPPORT WORKER	1
Team Leader	1
Volunteer / ex nurse adviser	1
Volunteer and Funding Officer	1
Volunteer Coordinator	1
Volunteer Manager	2
Volunteer organiser	1
Volunteering & Community Officer	1
Volunteering Officer	1
Total	57

Nigel Donnell

Senior Consultant

nigel.donnell@rocketsciencelab.co.uk

Fionnuala Ní Mhuilleoir

Consultant

Fionnuala.Ni-Mhuilleoir@rocketsciencelab.co.uk

Offices:

Edinburgh

T: 0131 226 4949 - 2 Melville Street, Edinburgh EH3 7NS

London

T: 0207 253 6289 – 8-12 New Bridge Street, London EC4V 6AL

www.rocketsciencelab.co.uk



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