

National Group for Volunteering in NHS Scotland

Notes of conference call held on 17 March 2020



Chair

Tom Steele Chair, Scottish Ambulance Service

Present

Alan Bigham Programme Manager, Healthcare Improvement Scotland
Marion Findlay Director of Services, Volunteer Edinburgh
Jolanta Lisicka Participation Policy Manager, Scottish Government
Tracey Passway Clinical Governance and Risk Management Team Lead, NHS Tayside
Lisa Taylor Project Officer, Healthcare Improvement Scotland
Tom Wilson Staff-side rep, NHS Lanarkshire and Royal College of Nursing
Margaret Young Strategic Lead for Volunteering, NHS Greater Glasgow & Clyde

In attendance

Jane Greenacre Head of Volunteering, NHS Lothian

Apologies

Sandie Dickson Person Centred Improvement Lead, The State Hospital
Elaine Kettings Head of Person Centred Care, NHS Forth Valley
Geraldine Lawrie Head of Workforce and Development, NHS Grampian

Introduction

Tom Steele opened the meeting, noting the prioritised agenda item of COVID-19.

Alan thanked everyone for dialling in with such short notice. He gave a brief overview of the paper he had circulated in advance of the meeting. The intention is to draw from this discussion paper, guidance for NHS Boards. Tom asked that this be issued as soon as possible.

Alan & Lisa had phone calls and e-mail correspondence with 14 health boards on 16 March to gather information about the response so far regarding volunteering and Covid-19.

It was agreed that due to some boards experiencing increased interest from the public in volunteering roles, this should be noted in the final paper.

Duty of care to existing volunteer base

Tom Steele asked if the group has a duty of care around some direction for over 70s in volunteer roles. Tracey agreed we should have a duty of care here, noting the differing approaches taken in boards so far.

Alan also agreed but highlighted a lack of clarity from a clinical perspective on what criteria should be used and that criteria for the flu vaccination was, as of last week, refuted. Tracey stated that

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the listed underlying health conditions have been made quite explicit now. It has been confirmed by the government that it is people who are eligible for flu vaccination.

Margaret reported that volunteering is a lifeline for volunteers and there are concerns about their mental health, should they be unable to volunteer. They are considering a 'silverline service' over the phone, a type of catch-up service for volunteers, this will take a lot of coordination.

ACTION : AB to include flu vaccination criteria as part of the guidance.

Impact on volunteering programmes

Tracey reported that NHS Tayside has restricted visiting hours in place, which affects some volunteering.

Margaret reported that volunteering activities are a very low priority in current climate. NHS Greater Glasgow are looking at ways to undertake volunteering activity via phone, where practical.

Margaret reported NHS Greater Glasgow are considering skills of staff managing volunteers and beyond that can be transferred to other areas of support during the Covid-19 pandemic. Tracey agreed with this and said it things such as a manual easy read sheet for certain VIS instructions would be of use.

Jane reported that the plans for Lothian would be to deal with VIS admin retrospectively, if no staff are available.

Jane reported that a large percentage of her team may end up needing to self-isolate. They can work remotely to a certain extend but did specify that good quality volunteer management relies on face to face contact.

Volunteer roles

Tracey reported that there have been opportunities to collaborate with partnerships in Tayside and gave an example of Voluntary Action Angus poster which has communication around how to help other presently. This could involve things such as collecting pharmacy items for people in isolation.

Marion stated that similarly to Voluntary Action Angus, the local approach in Lothian revolves around neighbourly ways of engaging with isolated people and Marion will continue to liaise with Jane and the volunteering team in NHS Lothian, for the time being word of mouth via phone calls is being used to give advice to people who get in touch asking to help.

A major concern was noted in that for people at home with long term health conditions the reduced social contact will result in a later wave of challenges. Marion highlighted that third sector interfaces could be looking at ways to keep people in touch via calls of online. **ACTION: AB to include in guidance.**

Marion continued to say the Edinburgh Health and Social Care Partnerships are looking at wider issues and implication of the virus in relation to volunteering practices in Lothian, but there is some

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difficulty around getting a handle on a clear understanding of being a good neighbour vs a volunteer role.

Volunteer recruitment

Jane reported that NHS Lothian have had former health professionals getting in touch about possible volunteers and / or paid work. NHS Lothian have now put a fast track recruitment process in place.

Margaret reported that in NHS Greater Glasgow & Clyde there is not yet confirmation around volunteer recruitment but would be decided very soon. Volunteering is not seen as essential aspect of the service given the current environment.

Jane reported that a self-declaration form for occupational health is a new document and part of NHS Lothian's current fast track recruitment. Margaret reported that NHS Greater Glasgow & Clyde have had this self-declaration form for a number of years ago, and that it works well to reduce delays.

There was some discussion around references - Tracey and Jane confirmed neither would be requesting these are part of any fast track recruitment ongoing.

Employee recruitment

Alan reported that there may be a possibility of HIS staff supporting cross board, but this so far has only been a verbal conversation. HIS will be looking at who is willing and able to support in other areas of the NHS.

Tracey reported that support for staff in acute settings is a priority and there may be options for skilled staff to cross board and upskill or train staff.

Margaret has had a conversation with HR in Glasgow and regarding her volunteer management team, there is potential to collaborate with HR utilising their skills recruiting and coordinating. This would likely focus on the recruitment of ex-clinical staff.

Jane stated that she is looking for further sharing and clarity around PVG and asked if Alan and Lisa could gather and cascade approaches from other boards. Alan said this could be done, but will require roughly another week in an ever changing situation. **ACTION: AB and LT to include in future update.**

Tracey will also source PVG information for recruitment in the current climate and will report back.

Marion reported that the third sector employs many ex-healthcare professionals, could be helpful to get information around re-registering nurses. In terms of skills staff and ex-staff have to help manage the workforce going into the peak of the virus – all options should remain open for discussion.

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People who can't work in usual role due to underlying health conditions or other COVID-19-related reasons, could be considered for other roles in safer areas or non-facing roles.

Volunteering in NHSScotland Programme and the National Group for Volunteering

Alan spoke about the impact on the Volunteering Programme and stated that he and Lisa are able to work from home.

A business continuity plan is in place for the programme and will be updated in light of the COVID-19 developments. There are plans going into place for a dedicated webinar showing how to carry out critical functions relating to actions that NHS Boards may wish to take on the basis of the guidance that will come from today's meeting.

Alan reported that VIS data can be shared if needed i.e. contact details for volunteers, if Volunteer Managers are not able to work – this is obviously subject to the continued staffing of the programme.

Guidance to NHS Boards

Margaret was keen the guidance be shared soon. Tracey agreed and also asked if these catch ups for National Group could be ongoing, as she felt today was helpful and has provided a number of useful items to take away.

The group agreed to leave the guidance to Alan to tweak with Tom Steele and share with the NHS Scotland networks as soon as possible.

Any further National Group agenda items and meetings are now on hold for three months in the first instance.

ACTION: AB/LT to follow up communications to the National Group and arrange conference calls in the future.

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