

Present

Tom Steele	Chair, Scottish Ambulance Service [<i>Chair</i>]
Alan Bigham	Programme Manager, Healthcare Improvement Scotland
Rob Coward	Educational Projects Manager, NHS Education for Scotland
Sandie Dickson	Person Centred Improvement Lead, The State Hospital
Diane Lockhart	Voluntary Services Manager, NHS Lothian
Louise MacLennan	Head of Equality and Engagement, NHS National Services Scotland
Tracey Passway	Clinical Governance and Risk Management Team Lead, NHS Tayside
Lee Shennan	Person-Centred Care Policy Officer, Scottish Government
Lisa Taylor	Project Officer, Healthcare Improvement Scotland

In attendance

Maeve Hully	Director of Volunteering, Helpforce
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Apologies

Marion Findlay	Director of Services, Volunteer Edinburgh
Elaine Kettings	Head of Person Centred Care, NHS Forth Valley
Jolanta Lisicka	Participation Policy Manager, Scottish Government
Claire Stevens	Chief Officer, Voluntary Health Scotland
Margaret Young	Strategic Lead for Volunteering, NHS Greater Glasgow & Clyde

1. Welcome and apologies

Tom welcomed everyone to the meeting; introductions were made around the table and apologies were noted.

2. Minutes of meeting held on 22 October 2019

The minutes were agreed as being accurate. Actions had been either completed, addressed on agenda or continued as noted in action log.

3. Matters arising

▶ **Clear Pathway Evaluation**

Alan and Tracey provided an update on the work of the Evaluation Reference Group in addition to the paper from Claire. An external consultancy firm has been appointed to carry out the evaluation of the Clear Pathway guidance. Alan and Tracey will attend the meeting this afternoon.

▶ **Social Prescribing of Physical Activity and Sport – update**

Alan reported that the Health and Sport Committee has received the evidence submitted to the inquiry. The dialog from the meeting of the Committee has been published on the Scottish

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Parliament website. Alan will update the group once a report has been produced.

The Group discussed examples of social prescribing that they were aware of. The barriers to engagement in terms of financial access were highlighted. In discussing perceived barriers around duty of care for GPs, Rob noted that referrals to Parkrun were common. Louise also noted referrals to Paths for All in Borders. Diane highlighted work in Midlothian where Occupational Therapists oversee the walking groups in Midlothian, addressing the concerns and risks in signposting to unknown or untested organisations.

The Group will await the publication of the Committee's report.

▶ **Scottish Executive Nurse Directors (SEND) meeting**

Alan attended the SEND meeting on 22 November. He reported that his paper on the governance arrangements for volunteering was well-received and that there was an interest in a follow-up meeting for Executive/Strategic Leads for Volunteering.

▶ **Volunteer Charter**

The feedback from the HR Directors Group will be discussed at the next meeting.

▶ **Health and Social Care Scotland – Statement of Intent**

The Group noted the letter circulated previously. Alan said there was ample scope for volunteering to be considered in the ambitions outlined – specifically in transforming health and wellbeing and building stronger coproduced systems.

The Group agreed that contact with the body would be a sensible step in addressing the vacancy in the National Group membership.

4. Volunteering in NHSScotland Programme update

The Group noted the Programme updates. Alan has received the names of all Executive and Strategic Leads for Volunteering. A communique to both groups will follow, referring to the Communications Strategy, current work and to propose a meeting in keeping with the discussion at the SEND meeting in November.

Alan also drew out specific reference to the recent Disclosure Scotland Workshop with Group members confirming how beneficial and well-delivered it had been.

Sandie commented that she had attended the event, and that it was a very good session.

Alan spoke about the planned peer support role pilot. The pilot sites are being agreed, as are the next stage outcomes for the work itself.

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Alan reported that at the workshop, NHS Greater Glasgow & Clyde shared an example of peer support in the prison service. He went on to say that the prison service is a very niche example, but that key elements are there around information governance challenges. Key points have been taken from this, Alan stated he could see a secondary output from this around capturing the type of roles that exist and will follow up on this.

Sandie spoke about meaningful roles for individuals with lived experience of mental health conditions, and that the routine can go a long way to keeping them well.

Alan stated that these roles can support the reduction of repeat GP attendance of individuals and into other services.

Lisa reported that there would be more case studies produced into 2020. Plans were being progressed for case studies in NHS Greater Glasgow & Clyde, NHS Western Isles and Scottish Ambulance Service. Written pieces for Stroke Lifestyle Volunteering in NHS Ayrshire & Arran and Community Care Home Volunteers in NHS Highland, will be published before the close of 2019.

The Group noted the volume of work undertaken and the increasing demand on the Programme team. The lack of administrative support due to sickness challenges was also noted, this has put some extra pressure on the programme team.

5. Helpforce update

Maeve reported that via Helpforce funding, NHS England have twelve projects running with over four hundred volunteers involved specifically.

The End of Life Care Pilot funding was secured successfully by NHS Borders, and this work will commence in 2020. Marie Curie have been involved in the planning and evaluation and the plan is for the volunteers to be there in a companionship role, when the patient is actively dying.

Alan has had meetings with the volunteering team at NHS Borders to progress the pilot and will facilitate a workshop to agree evaluation measures on 9 December.

Tracey asked whether this was community or acute based, Maeve confirmed that it was based in an acute area.

Alan reported that he met with Kim Bonnar, Monitoring and Evaluation Officer at Marie Curie at the end of November. Kim has produced an evaluation framework to support the pilots.

Tracey commented about issues in NHS Tayside around finding the right place for prisoners to die, hospital often wasn't the right place for an individual and this has been raised with clinical governance.

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Sandie also commented that the same issues exist at The State Hospital, ensuring patients are able to die in the right place.

Maeve reported that Marie Curie will be providing the training for the end of life care pilot.

Maeve reported that some more funding may become available from Helpforce in conjunction with MacMillan for a separate workstream. The funding would be for support for patients around the time of cancer diagnosis, in the way of volunteer roles.

Diane spoke about a previous project in NHS Lothian called Navigation, this was where psychology graduates would volunteer to give support to people diagnosed with brain tumours. It was a successful but short lived project and MacMillan at the Western Infirmary in Edinburgh were involved. **Diane will get some more information around this for Maeve.**

Maeve reported that Alan has now withdrawn from the Helpforce Advisory Group and that it would be good to have a representative from the National Group. **Maeve agreed to send out some information with the role specification and this will be circulated to the group.**

6. Strategic contribution of volunteers across NHS Scotland

Tom reported that he felt it was a good idea to have a more strategic look at volunteering in general in NHS Scotland, and how to take this forward.

Tom and Alan met to have a discussion around this and agreed that it would be important to frame the strategic and operational objectives in the first instance.

Alan commented that in terms of specific delivery impact, each role should be looked at in terms of what our metric is going to be and make the case for investment in to volunteering. A role-specific approach would support a clearer case for investment, e.g. quantifying a reduction in GP appointments through Community Chaplaincy Listening or reducing delayed appointments in acute services through Hospital Guide Volunteers.

Tom went on to say he wondered if volunteers were being used as effectively as they should be, and that volunteering contributions do not seem to be well enough recognised.

Lee commented that the Cabinet Secretary has a focus on mental health, integration and reduced waiting times and asked if the focus the strategic planning could be frame around these.

Tracey spoke about Listening Volunteers in NHS Tayside and how these roles have an effect, reducing the amount of GP contact times at practices.

There was some discussion about the reduction in cost versus the improvement in quality of service and improvement in the health of volunteers and service users. It was agreed that whilst both are relevant and important, the key concern is the added value of volunteers.

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Alan and Tom to put together a high level presentation around the strategic contribution.

7. Engagement of volunteers in the National Group

Alan went through the paper he had produced.

The group agreed that it would be best to go and get a sense check around how they engage and include volunteers in steering groups and other types of senior management and board level meetings. **Group members to complete the template and report back at the next meeting.**

8. Volunteering Information System 2018/19 NHS Board report

Alan went through the Board report and highlighted some stats and caveats, he thought would be of interest to the group.

The group agreed that the report was most helpful. **Members agreed to take a closer look at this and get back to Alan with explanations or inaccuracies before the paper is published.**

9. Any other business

There was no further business to discuss.

Action log

Agenda item	Action	Responsibility	Timescale
3	Share the Volunteer Charter with HRD for comment and feed back to National Group	Geraldine Lawrie	In advance of 18 Feb 2020 National Group meeting
3	Share Health and Social Care Committee report on Social Prescribing of Physical Activity and Sport with the National Group	Alan Bigham	Once published
5	Maeve requested information on the previous Navigation volunteer roles, Diane had spoken about. Diane to forward this information to Maeve.	Diane Lockhart	In advance of 18 Feb 2020 National Group meeting
5	Maeve to circulate information on Helpforce working group role specification.	Maeve Hully	In advance of 18 Feb 2020 National Group meeting

Agenda item	Action	Responsibility	Timescale
6	Tom and Alan to have further discussions / planning around the strategic contribution of volunteering.	Tom Steel / Alan Bigham	TBC 2020
7	National Group members to complete the matrix and return to Programme Manager	All National Group members	In advance of 18 Feb 2020 National Group meeting
8	Group members to have a closer look over the Volunteering Information System Board report and feed back to Alan.	All members	In advance of 18 Feb 2020 National Group meeting