

Present

Tom Steele (TS),	Chair, Scottish Ambulance Service
Janice Malone (JM)	Programme Manager, Healthcare Improvement Scotland
Sharon Bleakley (SB)	Engagement Programmes Manager, Healthcare Improvement Scotland
Marion Findlay (MF)	Director of Services, Volunteer Edinburgh
Louise White (LW)	Senior Policy Manager, Person Centred and Participation Team, Scottish Government
Jane Greenacre (JG)	Head of Volunteering, NHS Lothian
Tracey Passway (TP)	Interim Head of Clinical Governance and Risk Management, NHS Tayside
Harry Balch (HB)	Volunteering Services Manager, NHS Greater Glasgow & Clyde
Kimberley Somerside (KS) (Proxy for Claire Stevens)	Policy Engagement Officer, Voluntary Health Scotland
Paddy Hanrahan (PH)	Director of Strategy & Innovation, Helpforce
Maeve Hully (MH)	Director of Volunteering, Helpforce

In attendance

Angela Hislop (AH) (Minutes)	Project Officer, Healthcare Improvement Scotland
Suzanne Dawson (SD)	Chair of Community Engagement Directorate (formerly Scottish Health Council), Healthcare Improvement Scotland (Observer)

Apologies

Elaine Kettings (EK)	Head of Person Centred Care, NHS Forth Valley
Tom Wilson (TW)	Staff-side rep, NHS Lanarkshire and Royal College of Nursing
Louise MacLennan (LM)	Head of Equality and Engagement, NHS National Services Scotland
Geraldine Lawrie (GL)	Head of Workforce and Development, NHS Grampian
Sandie Dickson (SD)	Person Centred Improvement Lead, The State Hospital
Claire Stevens (CS)	Chief Officer, Voluntary Health Scotland
Donna McLeod (DM)	Head of Participation Team, Scottish Government

Welcome and Apologies

TS welcomed everyone to the meeting. Introductions were made and apologies above noted. Suzanne Dawson, Chair of Community Engagement Directorate (formerly Scottish Health Council), Healthcare Improvement Scotland joined the meeting as an observer. Paddy Hanrahan and Maeve Hully, both from Helpforce, also attended.

National Updates

TS advised that there are still great pressures facing NHSScotland as winter approaches. Some 1500 patients in Scotland remain in hospital despite being deemed able to be discharged, due to delays or shortages in other areas/organisations. This has a knock-on effect especially on

Emergency Departments who cannot admit new patients due to being unable to release patients to wards where beds are blocked. The Scottish Ambulance Service is also severely impacted as crews cannot offload their patients into Accident & Emergency departments for the same reason. However, the Scottish Ambulance Service has received very good support from personnel in the Army, Fire & Rescue Service, British Red Cross and students but turnaround times are still causing concern.

Timescales for carrying out elective care procedures continue to rise and these delays are contributing to higher Accident & Emergency attendances. Patients are becoming unwell whilst waiting for elective procedures and having to seek out treatment.

Money has been put behind programmes and although treading water at present, it is acknowledged that winter has not kicked in yet. At the moment there are no significant flu cases and COVID attendances are down with approximately 750 patients currently in hospital with the virus. Whilst it is acknowledged that the winter ahead will be difficult and hard to predict, any contribution volunteers can make, will be very welcome.

Helpforce – Insight & Impact Service

PH and MH provided a presentation on Helpforce's Insight & Impact Service which aimed to provide Organisations with the tools necessary to enable gathering of evidence on the impact volunteering contributed to their outcomes.

JM advised that no decision on using the service would be sought today, instead this session should be used as a means required exploration and the opportunity to offer Boards the option of taking part in a pilot run to see how well the service could help the Volunteering in NHSScotland Programme.

MD advised that the most important questions were 'How do we make volunteering contribute?' especially re COVID recovery and 'How to measure and demonstrate impact?'

PH took the group through his presentation. Key aims of using the service included:

- produce 'hard' evidence against health measures that really matter
- putting volunteering at the centre of NHSScotland care
- evidence gathered could assist in achieving greater funding in volunteering

PH continued that the benefits to using the service included:

- assist in the collection and analysis of data
- free and simple to use tools backed up with dedicated Helpforce staff for support

PH commented that Helpforce had already started trials with The National Hospital for Scotland and NHS Lothian for scenarios they had provided.

JM advised that it would be good if another couple of Boards would be willing to take part in a trial.

General observations from the Group were that evidence gathering would allow volunteering to get the attention from Senior Management at top level. However, some members expressed Information Governance concerns regarding putting data on the Helpforce website. PH advised that data could and should be anonymised as it was the numbers that were important. Concerns over data protection could be alleviated via the signup contract to Helpforce Terms & Conditions.

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The Group agreed in general to support the use of this service pending the actions below.

Action: JM would check if signing up to Helpforce's Terms & Conditions were permissible

Action: JM to meet with PH & MD to pull together a proposal

Action: AH to include a review of the conversation around using the service in the next Volunteer Managers Network Bulletin and invite Boards to get involved in a trial

Minutes of meeting held on 24 August 2021

The Minutes were agreed and accepted as a true reflection of the meeting.

Matters arising

To be discussed later in the meeting at AOCB.

A new vision for Volunteering in NHSScotland

JM directed members to pay particular attention to the changes made on Page 3 and Page 4 after stakeholder engagement session. One particular feedback was to extend the programme to include Health & Social Care Partnerships may be too big an aim at present. Instead it was suggested that there were many opportunities to liaise with parts of NHSScotland that we are not currently engaged with.

Members discussed the providing of training for volunteers – what types this would include (induction, core, role specific) and the possible provision for training for NHSScotland staff who interact with volunteers. Also noted was that many volunteers went on to become NHSScotland staff members, and despite having already completed their volunteer training, they were required to duplicate their training when becoming a staff member. It was suggested that we should consider a tie-in with recruitment pathways to avoid this.

Members queried if a request for additional funding/resourcing should feature. It was agreed that an explicit ambition to increase funding should feature.

Members discussed if the known health benefits of volunteering should also be stated. It was agreed this should be included.

Action: JM to update paper with inclusion of: volunteer training linking in with recruitment pathways, training for staff who interact with volunteers ambition for increased funding/resourcing and the health benefits volunteering provides

Action: JM once paper updated, circulate to Group for approval

Action: JM if updated paper approved by Group, present to Healthcare Improvement Scotland's DMT for senior level approval

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Vaccine status of volunteers

JM advised that NHS England's new mandatory requirement for their workforce to be vaccinated, included volunteers. Should NHSScotland follow this route, JM sought the opinions of the group. Group agreed to adopt a "watch and see" approach re impact on NHS England. However it was noted that policies and procedures that affected staff, were usually mirrored by volunteers. There was the possibility that such a policy could exclude certain groups from volunteering. It was agreed it would be good if anyone with a contact within the CMO,'s office to gauge if this was a possibility in Scotland. LW advised she was happy to support steerage and would make contact with CMO's office to garner any pointers.

JM further advised that she had a contact who worked for NHS England and a meeting has been scheduled for December 2021 when JM would raise this topic with them.

Action: LW to make contact with CMO's office for any pointers the Scottish Government may request NHSScotland workforce to be mandatory vaccinated against COVID-19

Action: JM to query with her NHS England contact, what effect, if any, mandatory vaccination has had on their workforce

Programme Update

JM updated the group on some of the key points from the report, including the ongoing challenge of updating the system security policy for the VIS. Roll out of the online volunteer application form had also been unable to move forward despite TS contacting the Golden Jubilee Hospital to attempt a push forward.

JM further advised that two applications for funding a replacement system for VIS by LW & DM had both been unsuccessful. However LW advised that other avenues for funding were being explored and indeed DM was not attending today's meeting as she was meeting with Scottish Government finance officials to discuss this very topic. LW further commented that current lack of funding was not for the lack of trying.

JM advised that due to the lack of funding to replace VIS, NHS Lothian had decided to proceed with their intention to buy their own volunteer database as VIS was unsuitable for their requirements. LW expressed a wish to speak to JG to discuss the system NHS Lothian had purchased.

JM gave a short update on the Equality & Diversity in Volunteering work in the pipeline. Due to team illness and carer responsibilities, there had not been much progress in this area and a new timeframe of beginning this work was pencilled in for January 2022 with the formation of a project group.

The Group discussed the aim of achieving more inclusive volunteering was difficult and had not achieved great progress. Infact due to the COVID pandemic, there was the chance that efforts may have actually gone backwards.

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Action: LW to meet with JG to discuss purchasing of new volunteer database for NHS Lothian

AOCB

SD thanked everyone for giving her the opportunity to attend today's meeting as an observer. SD had enjoyed the presentation by Helpforce and agreed that gathering evidence to produce to senior level management was essential not only for requesting additional funding and resources but to also highlight the health benefits volunteering brings.

Next meeting – 22nd February 2022 at 10.30am – 12noon via Microsoft Teams

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