

Minutes of meeting held on 22 February 2022

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
Tom Wilson (TW)	Staff-side rep, NHS Lanarkshire and Royal College of Nursing
Claire Stevens (CS)	Chief Officer, Voluntary Health Scotland
Tracey Passway (TP)	Interim Head of Clinical Governance and Risk Management, NHS Tayside

In attendance

Emamezi Obi-Baron (EO)	Administration Officer, Healthcare Improvement Scotland
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(Minutes)

Apologies

Geraldine Lawrie (GL)	Head of Workforce and Development, NHS Grampian
Harry Balch (HB)	Volunteering Services Manager, NHS Greater Glasgow & Clyde
Angela Hislop (AH)	Project Officer, Healthcare Improvement Scotland
Elaine Kettings (EK)	Head of Person Centred Care, NHS Forth Valley
Louise MacLennan (LM)	Head of Equality and Engagement, NHS National Services Scotland
Sandie Dickson (SD)	Person Centred Improvement Lead, The State Hospital

Welcome and Apologies

TS welcomed everyone to the meeting. Apologies were noted.

National Updates

TS advised still lots of pressure around the whole system as this is through a very difficult period.

- The Scottish Ambulance service is over the peak but not by any means down the other side. Hospitals are extremely full. Ambulance turnaround time is average of about 47mins which is very high for an average and this is across Scotland. Some hospitals are waiting two hours or more to handover patients. This is always worse on a Monday because there is no 24/7 service run. Weekends are less busy as lots of activities start on Monday.
- Delayed discharges are still very high which affects the measure and staffing challenges within the community sector and social care. Still running about 1600 in Scotland which is very high.
- Although Covid numbers are down in hospitals, they are currently running on two front doors and all the Covid restrictions are still in place so the overall productivity is down.
- The waiting lists are huge and everyone is focused on this.

File name: NG46 Minutes of meeting v0.44	Version 0.4	08-Mar-2022
Produced by: E.Obi-Baron	Page 1 of 5	Review date:

- There are a lot of new groups set up around transformation, innovation both technical led and organisational led like redesigning urgent care. Also, some groups focusing on new ways of doing things. Need to do things differently and better experiences to tackle the waiting list.
- Staff absences as direct relation to Covid are very high in the Ambulance service. This is a big challenge for the whole system.
- TS thanked LW for stepping up while JM was absent. Some actions have not been done since the last meeting partly because of the focus on immediate pressures and a change in direction which will be discussed in the matters arising.

Minutes of meeting held on 23 November 2021

Agreed as true accurate record.

Matters arising

JM gave an update on actions in previous minute that are still to be carried out.

1. Helpforce Insight & Impact

Angela Hislop sent an offer to all the NHS boards to see if there was any interest and if it will be useful, several NHS boards have begun conversations with Helpforce. Terms and Conditions are still to be picked up due to the capacity within the team.

2. New vision for NHS Scotland Volunteering Programme Strategy

The proposal was presented to our internal approval structure in February. Any work around that is still to be started.

3. Vaccine Status of Volunteers

The action was something that Scotland was going to look at as if it happened. In England, the picture of that has changed as that mandatory requirement is no longer going to be an issue.

NHS Scotland Winter Pressures Volunteering

TS gave an introduction.

- TS advised many more at senior level and Government are talking about the potential for volunteering as part of productivity.
- National Recovery Group (the group of Government officials and chief executives which meet every week) and TS have presented one meeting particularly in relation to the discharge volunteer support and the group have requested to be kept updated. LW and JM have kept TS up to speed in order to provide an update during this meeting.
- Everyone is getting into a new environment and it's time for us collectively to articulate very clearly what is possible and to pursue it through this group to ensure we realise our ambition. There has definitely been a change which is very significant to this group.

JM provided an overview. A number of challenges were experienced and overcome:

1. National Volunteering Coordination Hub for Covid has been in operation for around a year doing working mainly in the vaccination space but also in community testing and various other areas to supplement work that was going on.

File name: NG46 Minutes of meeting v0.44	Version 0.4	08-Mar-2022
Produced by: E.Obi-Baron	Page 2 of 5	Review date:

- Late 2021 with Omicron, Winter Pressures and everyone feeling the potential impact of that on the service, the Hub wanted to expand the offer to supply volunteers into NHS hospital settings. A letter was sent to Chief Executives of the boards making that offer to them. It became clear that there was a lack of Governance surrounding what that offer was and whose responsibility was to do what within that space. Leadership teams began to ask the volunteering teams to pick up on this offer. That led to pressure on the Volunteering teams and we felt it important to step in at that stage to offer support.

It was later agreed that a group of Scottish Government officials and NHS representatives should come together to understand what was needed.

A paper outlining the governance arrangements for the supply of volunteers through the NVC Hub should boards decide that they needed extra volunteers on the ground and wanted to access that through the Hub.

Feedback

- TW advised after reading the document (even though it has already been sent off), the volunteer was almost like a commodity instead of an equal partner. Just a comment rather than the structure of the purpose of the document.
 - MS advised comms to TSIs regarding the Hub offer have landed well and no queries or comments have been received.
 - JM advised it was very transactional on what the Hub could offer and what the Boards role was within that.
 - LW advised focusing more on the resistance instead of looking at the wider landscape. It was pleasure working alongside JM and AH which is a good team led by TS.
 - TS also recognised the tremendous work done by the team.
- At the same time we were asked try to understand if there was any role for volunteers in the discharge space. This came about through a paper that was tabled by colleagues from NES who may have uncovered a potential gap and were proposing what they termed a “community responder” role. The governance group that was brought together was asked to take a look at that proposal. The Group decided that what is required is more scoping, developing understanding of the landscape of what already exists in the community space. However, there was an appetite to test a telephone based volunteering role to support patient discharge.

Update from NHS Tayside on discharge support volunteering test

TP provided the update, two things going on in parallel:

- NHS Tayside are supporting the test of a discharge support volunteer role. Five days post discharge for those people that don't require a package and discharge team was very positive about that. Looking at wider role linking with our wider health professional colleagues to see how we can support discharge but also prevent re-admission.
- Having discussions around people with drug and alcohol issues who wouldn't be eligible for this volunteer type support and don't necessarily have care packages as such but do have needs. How we would work with third sectors to meet that specialist support.

File name: NG46 Minutes of meeting v0.44	Version 0.4	08-Mar-2022
Produced by: E.Obi-Baron	Page 3 of 5	Review date:

Action

- Next steps are to pull together a project group, looking at the operational process, risk assessment, evaluation and partnership as well as any training that will be required.
- TP advised at least 6 weeks before something tangible will be available to share.

VIS Update

LW provided the update:

- The Volunteering Information System is the Register that Volunteer management use within boards to register all NHS volunteers. It was installed in 2015. It no longer meets the needs of NHS boards. NHS Lothian have decided to install their own system, but are willing to consider re-joining the national system at a future date if it meets their needs.
- Funding for a new system will be coming from the Health Workforce section in Scottish Government as they are looking for capacity building opportunities within the NHS.
- The vision is to create a fit for purpose digital platform that meets the needs of NHS boards and the national programme for volunteering.
- Also identifying the gaps and also how we can close those gaps, evaluating data analysis will be critical.
- The vision includes capturing data around third sector volunteers within NHS settings.

Action

Gathering together proposal for TS to submit to the digital health and care innovation centre who will be able to help us through the early days of scoping.

A new vision for Volunteering in NHS Scotland

JM provided the update:

- Potential of volunteering has become well understood.
- Understanding in our first year what will be the key things we want to look at first and plan our work around that in more detail as this is very high level at the moment.
- Making sure we have the capacity to continue doing the things we already do. Detailed planning in the next month which will involve capacity review.
- Understanding aspirations and what is possible around the resource that we have and other opportunities to find additional resource from other areas.

Helpforce Insight & Impact pilot Reflections

- MF was looking for something that will capture the impact of volunteering for people with very complex long standing mental illness from Royal Edinburgh and from State Hospital perspective.
- JG was hoping the offer was slightly bigger than it actually was, in terms of providing support to do the data collection.

File name: NG46 Minutes of meeting v0.44	Version 0.4	08-Mar-2022
Produced by: E.Obi-Baron	Page 4 of 5	Review date:

Programme Update

Highlights from report, JM provided the update:

- Some of the Volunteers around programmes have stood down and decided not to return
- Other Volunteers are weary and chose not to return just yet
- Recruitment of new volunteers are tougher than previous recruitments.

AOCB

TW will be retiring end of March and we would like to thank him for all his hard work that he has put into this group.

Next meeting –24th May 2022 via Microsoft Teams

File name: NG46 Minutes of meeting v0.44	Version 0.4	08-Mar-2022
Produced by: E.Obi-Baron	Page 5 of 5	Review date: