

Minutes of meeting held on 24 May 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
Harry Balch (HB)	Volunteering Services Manager, NHS Greater Glasgow & Clyde
Sandie Dickson (SD)	Person Centred Improvement Lead, The State Hospital

In attendance

Sarah Sheikh (SS) (Minutes)	Administration Officer, Healthcare Improvement Scotland
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Apologies

Claire Stevens (CS)	Chief Officer, Voluntary Health Scotland
Tracey Passway (TP)	Interim Associate Director Patient Safety Clinical Governance and Risk.
Geraldine Lawrie (GL)	Head of Workforce and Development, NHS Grampian
Elaine Kettings (EK)	Head of Person Centred Care, NHS Forth Valley
Louise MacLennan (LM)	Head of Equality and Engagement, NHS National Services Scotland
Jane Christie-Flight(JCG)	Employee Director NHS Golden Jubilee

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.

- January – March extremely difficult on the service widely, has eased slightly.
- Although covid related staff absence has reduced, however SAS is still running just under 2% taking into consideration long covid and current covid cases.
- The Scottish Ambulance service is over the peak but not by any means down the other side.
- Number of patients taken to hospital with Query covid (displaying symptoms) is the lowest it has been in the last two years, running between 10-20 patients daily.
- Hospitals are extremely full – operating at capacity. Due to the impact of covid, there has been more ill patients. Hospitals still have covid restrictions in place.
- Delayed discharges are still running with approximately 10% bed space.
- Social care pressure slightly eased, however covid staff absence is still very high.
- Significant financial pressures on the system – this is being scoped at the moment. Therefore, prioritisation for new programmes will be carried out by where the most difference can be made spending the least.

- Care and Wellbeing programmes are looking at many innovative approaches to take forward.
- Volunteering has been recognised as a very important component in all the resources we have to deploy across health and social care

Minutes of meeting held on 22nd February 2022

HB gave her apologies for not being present at the previous meeting. In the previous minutes, it had stated “The vis for new data base will be capture data across third sector volunteers within NHS settings”. HB discussed there would be not capacity for this.

JM discussed this is an aspirational part of the system to be able to build the capability in the future to be able to capture details of third sector volunteers activity in NHS settings. Although noted that it is important to not only focus on quantity when discussing volunteer impact. Quality of volunteering is equally important.

Agreed as true accurate record.

Matters arising

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

Tayside Volunteering Support

This is progressing nicely, slower than first anticipated but this has been due to the pressure the clinical team has been under. The interest in carrying this out has been high and there has been more engagement locally. Regular project group meeting nationally to discuss education and evaluation. There is also a local steering group which is investigating the local operational process to begin testing the project.

Action: JM will update everyone on any changes before the next meeting, and put on future agenda.

Strategy / Action Plan

JM provided an overview:

- The new strategy has been approved earlier this year. In the last few months, the focus has been to determine how to phase the implementation of work for the strategy by prioritising due to limited capacity within the team.
- The strategy implementation plan was displayed on screen and explained:
 1. The left hand column displays all business as usual activity. The starting of the focus work on each different area has been staggered with the first being the new volunteer management system – the scale of this project is large and will take a couple of years to carry out.
 2. In year one there will also be a revamp of the resources and guides available as many of the current ones available just now are out of date. This will also include new guides requested by volunteer managers. This is done in collaboration with volunteer managers, hence the staggering approach to ensure volunteer managers are not overwhelmed with managing their day to day workload.

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3. In year one, focus will also be on carrying out scoping work for Once for Scotland support and training. There has been many positive voices from volunteer managers and have provided suggestions on topics to explore.
4. More focused work around inclusive volunteering and EQIA's will begin into year two.
5. Years three and four will consist of evaluation, impact assessment and quality improvement.
 - JM welcomed everyone's thoughts regarding the strategy plan. JG appreciated JM acknowledgement regarding the front line staffs work load as things like new training can only be carried out when there is time available. SB suggested for quality improvement to begin in year one rather than four to embed this as an ongoing activity.
 - SD expressed concerns for EQIA in year two should be moved to year one, as in order to carry out Once for Scotland templates and guides an EQIA requires to be done first and SD offered her support in this matter.
 - Volunteering induction programme is live on turas, work is actively being carried out to update this and shift the focus from covid as requested by volunteer managers.
 - NES is keen on helping with developing other training programmes for volunteers and volunteer managers and these conversations are in process.

Action: JM will discuss with Claire and Derek within HIS regarding quality improvement being brought forward for year one.

Action: JM will have internal discussion regarding rephrasing the plan and will circulate via email to all invitees for further comment. TS advised QI can help and it would be worthwhile looking into this further.

Volunteer out of Pocket Expenses (CEL) review

LS discussed

- Progress has been made regarding out of pocket expenses for volunteers. Current guidance is 10 years old based on HMRC guidance which applies to all organisations including third sector health boards which is based on improved approved mileage allowance payments (AMAPS)
- Following discussions with third sector colleague with Scottish Government, HMRC, NHS England and third sector organisations, anything set out from Scottish Government to Health Boards is directive, not mandatory. Any decisions based on what volunteers are reimbursed should be decided at a local level. These rates are **not** decided by the Scottish Government. These are only communicated to the Health Boards via the Scottish Government from HMRC. This will be made clear in all guidance and reiterated.
- These guidelines have been in place for the last 10 years and will remain in place. However, the terms and conditions handbook rates will be included in the new guidelines to be issued. This guidance is advisory which will enable boards who wish to have parity between volunteers and staff the ability to adopt the same mileage rates as staff. This will be approved by Scottish Government legal team.
- LW will communicate this with all volunteer managers.
- Deadline for this is potentially June, however on risk register it currently states July.

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Action: LW will share the revised CEL with TS for feedback.

Action: LW will communicate and discuss the new revised CEL with volunteer managers.

Volunteer Management System – scoping

JM gave an overview:

- Working with DHI for help in scoping for potential options for new volunteer management. This has consisted of workshops, 1:1 conversations with stakeholders, questionnaire for further input and off shelf supplier meeting.
- DHI will be sending a report to JM on 24/05/22.
- Next steps will be to decide whether to go to procurement stage or further scoping. LW discussed
- There has been engagement with workforce regarding a direct volunteer system to enhance employment and encourage volunteers to seek employment within NHS.
- **Action: JM will share the report with all NVG members.**

Programme Report

JM gave an overview:

- As volunteering activity has been tracked beginning to see upward trend with number of volunteers engaged post covid.
- As NES advised earlier this year the existing knowledge hub had been decommissioned, a new Community of Practice (CoP) was launched on 04/05/2022. This is an MS Teams channel created which is available to all volunteer managers which has involved holding introduction sessions and consists of three parts.
 1. One page website which has information around new evidence and research around volunteering, articles, blogs, podcasts and events.
 2. A files section for all volunteer managers to come together to share their own work/templates.
 3. Posts section for volunteer managers to post questions and initiate questions between peers.
- A new version of guidance is being created and in conversation internally to take into consideration new changes of the removal of restrictions and what impact it has on all boards. This was requested by volunteer managers and will be published soon.
- The National Coordination Volunteer Hub had made an offer to NHS boards regarding the supply of volunteers into hospital settings. There has been work taken place for the correct governance and stakeholder engagement with volunteer managers and created a data reporting template which enables to track requests and how many volunteers are deployed. This was all agreed at this beginning of the year. Since then no data has been received, TS wrote to policy lead. Recent communications from the hub advised their focus has now shifted on to TSi's and local authorities helping Ukrainians arriving in Scotland as the number of volunteers within hospitals has been relatively low. TS emailed and expressed given the numbers of volunteers have now reduced we will draw a line under this work and communicate to volunteers managers network the hubs focus has now changed.

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- MF highlighted the pressure Volunteer Edinburgh is facing and is keeping in touch with National Hub in case need be the resource is required as currently many volunteers have switched from covid vaccination centres to being at Edinburgh airport welcoming Ukrainians – which of many have arrived with health issues.

Risk / Issue Register

JM discussed the risks and mitigations:

- These will be reviewed monthly internally
- JM discussed a decision needs to be made regarding the volunteering management system, There is a residual problem with the current system, the online application form functionality was tested a year ago with NHS Lanarkshire. This functionality has been unable to roll out as the system security policy has not been updated. Volunteer managers have requested to roll out the functionality without the system being ready. The roll out for this functionality requires a large capacity.
- HB shared her experience and advised it is time consuming on managers, explaining some volunteers ended up completing forms four times and stressing about it.
- Collectively a decision was made to not carry out the functionally system and waiting for the new system due to the work required both internally and by volunteer managers is on a large scale. MF advised that Volunteer Edinburgh front desk staff are very helpful with dealing with issues for applications who can help with consumer feedback if needed in future.
- One risk is the cost of a new volunteering management system could outweigh the budget available. As of now, the cost is not known. To control this, there is scoping work carried out with DHI and project board which is being established in terms of governance.
- Unplanned staff absence is also a risk with a small team absence can impact the work/programme. Mitigation in place to help with this is internally there is team meetings monthly for the following months work plan which is clearly documented. Any unplanned absences over 1 week will be triggered to senior management to prioritise workload and ensure all stakeholders are communicated with in a timely manner.

AOCB

JM discussed the programme annual report is due for final comments internally which is due 27/05/2022, after which will be published on HIS website.

Action: TS will circulate this to chairs and chief executives and JM will circulate this to NVG members.

MF discussed on behalf of CS, the Voluntary Health Scotland has poster accepted for the NHSScotland event in June which will be held in Aberdeen. This consists of a collaboration between EVOC and volunteer Edinburgh regarding the vaccines and volunteer work conducted in 2021.

Action: MF will send to SS to circulate, and share via the CoP.

Next meeting –23rd August 2022 via Microsoft Teams

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