NHSScotland Volunteering Advisory Board

NHS SCOTLAND

Minutes of meeting held on 22 November 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
Alan Stevenson (AS)	CEO, Volunteer Scotland
Claire Stevens (CS)	Chief Executive, Voluntary Health Scotland
Fiona Zaparain (FZ)	Joint Lead of Volunteering Policy, Scottish Government
Geraldine Lawrie (GL)	Head of Workforce and Development, NHS Grampian
Harry Balch (HB)	Volunteering Services Manager, NHS Greater Glasgow & Clyde
Jane Christie-Flight (JCF)	Employee Director, Golden Jubilee National Hospital, Vice Chair, Volunteer Forum
Joan Pollard (JP)	Chair of Scottish AHP Directors, Director of Allied Health Professions
Louise Ballantyne (LB)	Head of Engagement, Corporate Communications, NHS Grampian
Louise White (LW)	Senior Policy Manager, Volunteering Policy, Scottish Government
Marion Findlay (MF)	Director of Services, Volunteer Edinburgh
Mike Melvin (MM)	Volunteering Services Manager, Aberdeen City TSI, ACVO
Sandie Dickson (SD)	Person Centred Improvement Lead, NHS The State Hospitals Board for Scotland
TK Shadakshari(TS)	Lead Chaplain, Strategic Diversity and Spiritual Care, NHS Western Isles
Tracey Passway (TP)	Head of Patient Safety, Clinical Governance and Risk Management

In attendance

Sarah Sheikh (SS) (Minutes)	Administration Officer, Healthcare Improvement Scotland
David Rodgers (DR)	National Community & Resilience Manager, Scottish Ambulance Service
Gary Cocker (GC)	Participation Team Leader, Planning and Quality Division, Scottish Government

Apologies

Angela Hislop (AH)	Project Officer, Healthcare Improvement Scotland
Craig Hunter (CH)	Head of Strategic Operations & Resilience, Scottish Ambulance
Siobhan McIlroy (SM)	Head of Patient Experience, NHS Fife
Pauline Donnelly (PD)	Person Centred Manager, NHS Forth Valley
Rachael Honeyman (RH)	Head of Volunteering, NHS Lothian

Welcome and Apologies

TS welcomed everyone to the meeting. Apologies were noted.

Matters Arising

TS discussed

- Industrial action possibility in SAS with first day being 24th November
- Hospitals remain full – getting worse rather than better
- Discharge delays at hospitals - Cabinet Sectary is working closely with councils to improve flow
- Ambulance waiting delays for front doors at hospitals have increased from 30 minutes pre covid to 60 minutes average now

Minute of meeting of 23rd August 2022

- Group in agreement previous minute correct.
- Action to be carried over from previous minute due to capacity – JM will look into possibly doing case studies on how volunteers are supporting staff welfare.
- JM will send discharge project support progress updates on a monthly basis to this group.
- JM met with Claire Stevens to discuss how to work more collaboratively and looking into organising an event next year to implement these discussions.

Volunteering Support for Patient Discharge

This is an opportunity for us all to get clarity on what we mean for volunteering in NHS and how to present this to senior leaders. As winter approaches, we are often asked what volunteering can do to support situations. John Burns is the Chief Operating Officer for NHSScotland who approached TS to ask what the group can do to help. The NVC Hub has started with British Red Cross again, interested in people's views on how it works and how we work alongside it going forward. (TS)

Whilst its great volunteering is considered in these times, we need to look into what is important within volunteering. For volunteering to have the recognition and impact we wish, it needs to be long-term strategic plan rather than a short term reactive response. Also keen to hear the group's views on the NVC Hub. Winter last year in some areas, the NVC hub was successfully supplying volunteers for the vaccination programme and then there was an offer made by the hub to supply volunteers into NHS hospitals – which caused some challenges. The national programme worked with volunteering teams to develop governance arrangements which outlined the accountabilities and responsibilities should the hub be asked to supply volunteers into hospitals. (JM)

Discussion

- Regularly asked in times of crisis for volunteers to help. This needs to be mutually beneficial and often volunteers are not adequately supported due to capacity reasons. (SD)
- Recently asked volunteer manager to hold off volunteer recruitment due to staff capacity issues. At present, unsure if there is adequate support provided to existing volunteers i.e. lack of training / human contact. (SD)
- Volunteers should not be covering staff roles when they are absent. This issue has occurred before where volunteers have been strayed into tasks which only HCPs should carry out and this is problematic. (SD)

- Recently started a new project for volunteers to work around falls risks. Struggling to place volunteers within wards as some wards have given feedback they don't wish for volunteers to join the ward at present due to ongoing Union issues. (HB)
- The NVC Hub, there is a real challenge as senior managers were approached with an offer of volunteers – their response was we need volunteers on wards which is not always appropriate. (HB)
- Volunteers worked well within staff welfare areas i.e. helping at QEUH supporting ambulance crews sitting outside A&E. The NVC Hub has provided volunteers for QEUH staff welfare hubs and volunteers have been very involved, however not had such a need at other sites. There was some fall off volunteers when supporting the Ukrainian refugees.(HB)
- There are geographical issues as volunteers may not be available i.e. Inverclyde there is a lack of volunteers whilst GG&C has greater numbers volunteers. (HB)
- Made it clear for volunteers to help it must be for specific task/role.(HB)
- Volunteers are not there to fill in gaps, they are there to add additional value. (JCF)
- Recently had problems when then the Ophthalmology Unit was opening, there was a misunderstanding with staff as to what volunteers role is. Managers had to go in to support the volunteers. (JCF)
- There is a need for a long-term strategy which should include how to support the patients, not the staff. (JCF)
- There is a need for SG to address the situation. If Health Boards pull volunteers into staff roles in times of industrial action, this would create a battle with the hospitals which is unwanted. (JCF)
- Will not be able to recover the shortage on volunteers if they are misused in times of challenges. (JCF)
- Reiterated there is no suggestion for volunteers to help with industrial actions. (TS)
- In agreement with comments around role, scoping and moving into the volunteer charter territory. (AS)
- With regards to the NVC hub and British Red Cross (BRC) group, this is part of the emergency resilience hub and are well aware of role development and what a volunteer should and should not do. There is a need for a long term strategy, not a short term solution. Should the NVC hub and BRC be a part of this group and if not then happy to open lines of communication between both groups. (AS)
- There have been some tensions in the past, mainly related to communication. Keen to make the distinction that we are no longer in an emergency situation although there are huge pressures on the system there is a risk of volunteering creeping into paid roles and we must be mindful of this. There are differences on how we recruit and support volunteers in hospital settings and how to manage volunteers in emergency situations. (JM)
- Begin lines of communication between both groups and copy TS into it. (TS)
- There was communication with NHS Grampian and the NVC hub as 600 people had come forward to support volunteering. When we went ahead this we were then told there was 46 which then reduced to 11 volunteers at on boarding stage. After recruitment, it was understood the volunteers were only intending to volunteer in crisis situations and not long-term. A lot of time went into this and now we only have 4 of those volunteers left. (LB)

- Trying to push NHS Grampian to set their long term strategic intent around volunteering. (LB)
- There is a requirement to invest in volunteer coordinators within the volunteer workforce. Have put a bid in for a permanent contract but understand this will be competitive due to the financial strains. (LB)
- Representing HR Directors within this group. The demand of what people require from volunteers is not clear and not provided in consistent way. (GL)
- We are not as one, there is variability across approach to volunteers, unsure how to become one as systems, services and resourcing are very different. There is a need to think very clearly of the implications trying to become the same. (GL)
- The support, welfare and care for volunteers whilst within work place. There are similar situations in work experience – as soon as you add someone into a physical location then who has responsibility, we have not got this quite right so far. So to do this in a crisis situation, it will be more difficult to manage and support. (GL)
- This kind of crises reaction for volunteering is not the right way. A strategic leads we should think of volunteers as part of our workforce, a different part of our workforce but they are carrying out duties when volunteering. (GL)
- From a strategy point of view, it is not about making everything the same but getting the context similar in each area however do agree there is variability across volunteering. (TS)
- Volunteers help keep people out of hospital and enable discharges to be more effective. Solution does not sit with volunteers but with voluntary organisations in terms of social care there is a misunderstanding. (MF)
- There are issues but about not just pressure on hospitals, currently doing work on young people who have been waiting 2 years waiting to be seen by CAMHS, work we are doing not to do with NHS but with 'No One left Behind' (employability focus) for young people.. This work we are doing will help reduce NHS pressure on waiting lists. (MF)
- We have our strategy and have had different strategies over the years however the constant challenge is, it is never understood in government. Although we have had strategies in place for years, there is always an immediate jump reaction from the government as to what we can do. (MF)
- Concerned volunteers will be seen as a solution to industrial action. In this board we have staff reps from unions working with us regarding volunteer's roles. Volunteers will never replace paid staff roles. There is a sense of despair if we have to justify this again. (MF)
- Sometimes issues arise as a politician may be in a conversation with a local voluntary organisation that triggers a thought that we should be doing more. (TS)
- At D&G we had no need to call on NVC hub or BRC as we had an adequate supply of volunteers that exceeded the number of volunteers the Board could cope with. We have a vibrant full funded permeant and well established coordinator in post. We work very closely with third sector organisations to ensure we do not destabilise our service. We have a policy of targeting hard to reach, a strategy of targeting areas of depravations. We are bringing volunteers not only, but within those areas with the intention to support them into employment. We also work with our refugees to give people the experience of English language and conversation and work environments. We have a steady flow of much more than we can manage. (JP)

- Curious around the words “need” and “demand”. Our approach is never “we want”. We are always working to match and have never thought of volunteering in a need context. We have a strategy and it is not in a “need” context. It is always an invite a volunteer if they “would like this” to rather than “need” a volunteer. (JP)
- Volunteers usually only leave us when they are retiring, feel very supported by the board. (JP)
- The focus should be to support individuals to stay well at home rather than acute or discharge. We are working with care homes and out reaching communities for wellbeing from NHS perspective and working with partners. (JP)
- Have revenue to support coordinator, to support pre deployment checks. Everything else comes from endowments. Have never ran out of money or had any concerns. We offer dementia training. Along with financial support, our staff will help support the volunteers. (JP)
- Reiterated in agreement with the group and discussed links with TSI. (MM)
- Illustrate the importance of third sector organisations. Has connections wider and we have meetings regularly. There is three TSIs across Tayside and one of them has contracts to the value of £2m with third sector organisations. Everyone is not aware of the work they do for us all to work more effectively together. (TP)
- Have one volunteering services manager and admin support to look after volunteers in acute services and to work with all these agencies. (TP)
- Working within NHS Tayside and has connections with HSCPs but there is capacity to make meaningful changes to things with different people managing contracts within HSCPs and TSI. There is a lack of capacity in order to make difference in boards. (TP)
- Between NHS Tayside and NHS Lothian, there is the big city and post-industrial rural areas. There are different priorities from East Lothian to Edinburgh, during the lead up to the lockdown, each of four TSIs were meeting with NHS strategic lead and have kept this going. This has often been flagging up what NHS needed across Lothian and able to direct volunteers appropriately. (MF)
- Each of the TSI areas are closely linked with HSCPs. There was a presence of BRC in Lothian but no real presence in Edinburgh which highlighted something needed to be created. (MF)
- Well supported within the service by SAS. Struggle within other departments in the service. Volunteer’s role is sometimes misunderstood or fear of an ulterior motive as to why we are potentially involving volunteers. Issue around cultural change around organisations to understand volunteers are part of the solution and not the challenge. How do we get the genuine buy in for volunteers? We are focused on developing a wider volunteering strategy beyond community first responders and cardiac responders which are orientated around emergencies. We are looking at how we could potentially grow ambition into volunteering and other diverse roles i.e. welfare, control centres. It is critical to correct culture and investment of finance, time, resources and training into the organisation. (DR)
- As long as we see volunteers as solution then we see them as core workforce, but they are in fact enhancement and quality. That is where they add the greatest value. Culturally the change of thinking needs to change for NHS Volunteering. (JP)

This discussion shows how complex the volunteering landscape is , agree there is work to do wider than those involved in volunteering, around culture and understanding what volunteering is and isn't. Where there is senior leadership and executive level support and understanding it is easier to continue to progress volunteering. Volunteering about relationships, about people giving their time to give and we need to not lose sight of this and see volunteers as commodities to be shifted around. It's about adding value and enhancing the experience for volunteers. Also, how do we better break down the barriers that exist between NHS and local organisations that are doing fantastic work? (JM)

Members of the group are keen to contribute to this. If we capture this with appropriate ideas then can take this to chairs and chief executives to expose this at that level. We need to decide this collectively before taking this further but can aim to do this in Spring. (TS)

Offering support as cultural piece is about value in volunteering and can discuss this further with JM. (AS)

Is it a volunteering role?

Opening space for discussion on volunteering and paid roles as volunteer managers have raised concern around the potential for volunteers to be asked to carry out duties of paid roles. As the profile of volunteering increases there is an increased risk of volunteers being asked to carry out paid role duties? Volunteer Charter has set out the principles for volunteering. Is there any more we should doing as a board / national programme to get this message out. (JM)

This demonstrates how volunteering covers every bit of government business. This is a real challenge. There is a big issue regarding appropriate involvement of volunteers in fair work agenda in heritage, events, festivals and many other areas. The challenge for people in third sector to ensure the core things for volunteering goes across every directorate. Sometimes it is difficult to join up. (MF)

Charter is a guide but it doesn't answer all the questions. There is room to reflect on the charter, there are some grey areas around the charter – one if around in times of crisis. The charter should be visible for everyone involved in volunteering certainly at role development level. Welcome any suggestions on how to roll this out. Communication is very important. (AS)

Charter is easily accessible, encourage use of charter. There is interactive training by Volunteer Scotland which may be useful. (MM)

The situation at The State Hospital is very different. We do not work with TSI's. (SD)

Looking to implement the new structure around volunteering action plan which AS and his team are taking forward. Also been looking at Scottish Government in an internal spotlight to raise the profile visibility of volunteering across policy areas. One difficulty is volunteering can be an afterthought, trying to change the point at which volunteering is considered in terms of creating policies. There is an issue of consistency across the piece, currently looking at setting up cross Scottish Government group. Extending an offer to take back to specific policy leads if there are issues we can help to support. (FZ)

SD & TP recall something felt uncomfortable regarding the charter.
Perhaps the use of language and element of choice. (MF)

NHSScotland Volunteering Management System (VMS)
The current VMS has been in place for a number of years. It is a database that holds information but doesn't support the workflow that manages in volunteers the way we need it to any longer, it is getting old and we cannot make any further modifications to it to meet our needs.

We are going through a period of scoping with the first stage of scoping concluded in June 2022. This produced a requirement catalogue and various other bits of information. We have been working with DHI and currently in process of stage 2 of scoping to help us to understand the business architecture of NHS volunteering, who it interacts with and the future business model for volunteering generally and ambitions around it.

There is a series of ongoing process mapping workshops to understand the future state. We have now completed 7/9 workshops with the further two workshops scheduled in the coming weeks to focus on reporting data quality and migration. This is a significant piece of work, in stage one volunteer managers voiced that data quality was not ideal but still wished to migrate all of it. Lots of unpicking to do around this, and further mapping on reporting required as we are not able to get what we need from the current system.

In terms of engagement levels from staff, pre start of the workshops we done work to encourage participation and encourage engagement. 48 staff members across Scotland signed up to one or more workshops but only 50% of those signed up have attended the workshops. We are still getting a good coverage across the country. DHI will write up an output report with the intention for this piece to be in a strong position to go to procurement to able to accurately describe what we need the new volunteering management system to do for us.

Funding from Scottish Government (SG) has not been secured yet to go into procurement due to the financial climate challenges. We will begin to restart discussions with SG once stage 2 of scoping is complete. DHI will be doing a market sounding piece to get indicative costs for the new system and this will be anonymised to help SG make decisions. We aim to for reporting to be complete by the end of January 2023 and will then communicate this with SG.

Out of Pocket Expenses Guidance

First time the guidance was reviewed in ten years, communicated the new guidance to all boards and have not received any feedback. We are giving guidance and to advise boards on what they consider is to be appropriate to give and how they decide to distribute funds and to make these local decisions at local levels on what they reimburse volunteers. (LW)

Volunteer services group is concerned as it leaves doors open for Boards to pay different amounts or not pay. Volunteering in Scotland should have a set amount to reimburse regardless of what type of volunteering role they are doing. Also querying to increase visitor travel rate. (SD)

Have done a deep dive into this and for example the Third sector does not have a set rate for reimbursement. (LW)

Not having a set rate has caused problems. One partnership has decided to pay a different rate to what we have agreed. This has created differences across Tayside. (TP)

We have a new lead in January. The most urgent issue for us is the commuting rate. Our current rate is at 24pence. Asked JP how she went about going round the decision to change community rate. (HB)

This is guidance from our finance team as we sign off the out of pocket expenses and finance reimburse the volunteers. Volunteers are being paid the same rate as staff. (JP)

Concern if this is guidance only, particularly during challenging times this leaves it to health boards to decide what they reimburse volunteers and can this put competition for volunteers particularly if health boards are based closely, volunteers will go where they are least out of pocket. (JCF)

This is about local decision making. This is about using strategic leads, executive leads, finance teams and chief executive leads to work out the value of volunteering in the local area. (LW)

If there is a pushback if this is not suitable then it could be up to this group to collectively decide and make a recommendations. LW will then require evidence from executive teams on what is agreed and why it has been agreed. (TS)

SD & TP have discussions pending within their Boards regarding out of pocket expenses and then will follow this up if there is any pushback.

AS – Taking into consideration the charter, if for example volunteers are only reimbursed half of what they are out of pocket then we are not signing up to the charter.

Issue & risk registers

The main risk is team capacity as the project officer is on long term sick. We are in the process of drafting in extra support within the directorate to ensure we do not fall far behind on the work plan. We are regularly reviewing the work plan to cover capacity and do what we can. There is also a risk of potentially not securing the funding required for the VMS. For now, we will add the out of pocket expenses as a risk on the register and determine whether further work needs to be carried out. (JM)

ACTIONS:

- **JM / TS to draft a position statement based on discussion around volunteering supporting during times of pressure.**
- **JM – Communication piece on the Volunteer Charter as a reminder to executive and strategic leads for volunteering and staff working in volunteering related roles.**
- **AS and JM to meet with regard to NVC hub.**
- **SD and JM will get together to discuss that we are developing the new VMS work with an equalities lens to make sure that it's accessible for all.**
- **Any issues/comments with regards to expenses send to JM.**
- **JM will collate expenses information and TS will take this forward**

- **JP will look into how they changed the volunteer reimbursement rates and get in touch with HB.**

AOCB
TS & JM are keen for the group to raise potential items to discuss as a group at future meetings.

Next meeting
21st February 2023 via Microsoft Teams