

Minutes of meeting held on 21 February 2023

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 Zapirain (FZ)	Joint Lead of Volunteering Policy, Scottish Government
Harry Balch (HB)	Volunteering Services Manager, NHS Greater Glasgow & Clyde
Jane Christie-Flight (JCF)	Employee Director, Golden Jubilee National Hospital, Vice Chair, Volunteer Forum
Louise Ballantyne (LB)	Head of Engagement, Corporate Communications, NHS Grampian
Louise White (LW)	Senior Policy Manager, NHS 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
Tracey Passway (TP)	Head of Patient Safety, Clinical Governance and Risk Management
Rachael Honeyman (RH)	Head of Volunteering, NHS Lothian
Rachel Killick (RK)	Strategic Volunteering Lead, NHSGG&C

In attendance

Sarah Sheikh (SS)	Administration Officer, Healthcare Improvement Scotland
(Minutes)	
David Rodgers (DR)	National Community & Resilience Manager, Scottish Ambulance Service

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
Geraldine Lawrie (GL)	Head of Workforce and Development, NHS Grampian
TK Shadakshari (TS)	Lead Chaplain, Strategic Diversity and Spiritual Care, NHS Western Isles
Pauline Donnelly (PD)	Person Centred Manager, NHS Forth Valley

Welcome and Apologies

TS welcomed everyone to the meeting. Apologies were noted.

Overview (TS):

- Situation was extremely difficult at Christmas time. Since then demand has subsided. In terms of urgent and emergency care, we are now down to levels we faced in 2019. Acuity is still higher as taking more patients for immediate life threatening calls than when we were in 2019.
- At Christmas time, the average time ambulances were waiting at hospitals was around 60 minutes which has now dropped to 40 minutes. Our target average is to reach 30 minutes.
- Fint Minister chaired and SG resilience meeting right through January regarding pressures. Focus particularly on accelerating discharge from hospitals and on care homes. Discharged delays are still running very high.

Matters Arising

Minute of meeting of 23rd August 2022

- Group in agreement previous minute correct.
- Action to consider a communication piece on volunteer charter, not actioned yet. Planning a volunteering event in May and considering a workshop to look at how applicable the volunteer charter is for volunteer managers in their roles. (JM)
- Out of pocket expenses is a risk on risk register, JM met with AS to chat through NVC hub. Also met with SD to discuss the VMS system to ensure looking through it with an equality lens. (JM)
- Received comments regarding volunteer out of pocket expenses, carried out a survey around what each board was giving and this was shared with volunteer managers.
- HB met with Margaret McGrogan, the change of reimbursement of expenses stemmed from an event to celebrate volunteers and the endowments committee made the decision to increase the rate independently.

Volunteer to Career

Overview (JM):

Shared information around the webinar that Helpforce had hosted in January 2023, where they shared their findings from the Volunteer to Career work they have been doing in England. They invited people from Northern Ireland, Wales and Scotland to explore if there is an interest to develop a similar programme. LW and Beverly Lamont (Health Workforce) from Scottish Government also attended the webinar. Following a pilot, Helpforce have received funding to roll out the programme working with 42 trusts across England. From evidence so far, it seems positive. This is a clinically led programme where they release staff from clinical lead roles to work with volunteering teams to provide support.

Following a discussion it was agreed that this is an area that the VAB is interested in progressing. However, consensus was that there is already lots of activity going on within this space in Scotland and that we have the knowledge and expertise to lead on a national approach.

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Actions:

- **JM - find out what National Programmes exist that we could link this work into (TP will try and find out at a local meeting she is attending)**
- **JM – reconnect with Beverly Lamont**
- **JM - mapping across Scotland of what is being done / achieved in this area**
- **JM till provide feedback on HF involvement, VAB feels that there is lots going on in this area in Scotland already and that we already have the expertise to take a national approach. We have vastly different governance structures and cultural differences around how we approach volunteering**

JM will provide VAB feedback to Helpforce on 6th March.

St Andrews Ambulance

Overview (TS):

There has been a paper shared for today's meeting regarding this. Been thoughtful not to rush of and do things, no activity at present and plan to go back to St Andrews First Aid with a view in March. It seems not to have identified value and there is a cost associated with this. Scottish Ambulance Service do have a relationship with St Andrews First Aid on supporting SAS in difference circumstances i.e. events or welfare support to crews. Open to discuss the group's views on this.

There seems to be a lack of understanding of structures that already exists to support volunteering in the acute sector and what they are proposing could be duplication in terms of what exists already. (JM)

Group in agreement to not pursue this further.

Action: TS and JM discuss to finalise a communications regarding St Andrews First Aid proposal

NHSScotland Volunteering Management System

Overview (JM):

Over the last year we worked closely with DHI on scoping work to understand what was required in a replacement volunteer management system and this was funded by Scottish Government (SG). Towards the middle of last year SG were indicating there would be funding available for a replacement system, although the funding is no longer available. SG remain committed to supporting this project. The scoping work is complete, awaiting the final versions of reports. The papers shared in relation to today's meeting is the output from market sounding exercise DHI have completed on our behalf. The purpose of this is to understand what budget is required. The report provides an executive summary with budget of £110,000 a year with an additional £85,000 one of cost for set up and migration. As funds are no longer available, we are looking into what other options are available. Current system costs just under £22,000 and this will contributed towards the new system.

We have a good idea of costs, have written to John Burns (Chief Operating Officer) and Richard McCallum from finance requesting an informal conversation. (TS)

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Group in agreement to provide full support, there needs to be infrastructure to make it successful, there is a requirement for a system to fully evidence the impact of volunteering.

There is ambition for the new system to accommodate tracking of third sector volunteers employed within NHS. This has been covered in the scoping process. (CS)

Happy to provide support to business case development around equalities. (SD)

Discharge Support Volunteer Pilot (NHS Tayside)

Overview (TP):

JM shared papers which shows the activity of the pilot. Today is the last day of the pilot in NHS Tayside. The pilot has been successful as it has taught us a lot, however the pilot is not in a position to be rolled out in other NHS boards in the current format that was used in Tayside. This is because there has been a huge involvement from volunteer services manager. This project requires a committed resource to work. There have been challenges in retaining momentum for referrals. Staff do see the benefits of the service and hope to see less people back in hospital. Staff found time to explain the service but the referral process was a barrier as they found it was not part of normal practice to think about. There was also difficulty to get patients home as family members wished for their loved ones to stay in hospital longer. Younger age groups were happier to receive help, calls were longer in comparison to over 60's. Referrals were made for younger age groups to third sector organisations and this has firmed up relationships with third sector organisations across Dundee.

There has been a lot of useful learning that will come out the evaluation, however not enough evidence showing fewer readmission rates. The final evaluation report will be ready end of March, happy to share resources as part of pilot for others to review. (JM)

Feedback received from patients:

- "It was so reassuring to have contact with hospital after being discharged."
- "Volunteers were helpful and good advice was shared."
- "I loved getting the call in the morning and looked forward to the phone ringing and sometimes it was the only person I spoke to during that day."

Action: JM will share the final evaluation and resources as part of discharge support pilot

Issue & risk registers

Risk issue register was added to the papers for today's meeting, anything that warrants highlighting is on today's agenda.

Action: TS and JM will meet to discuss issue & risk register, and include a deeper discussion around it on the next agenda.

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Volunteer commuting mileage rate

- Following the meeting in November, a survey was put out asking for feedback on various rates that different boards were paying and this has been shared with the VAB group and volunteer practitioners' network. (JM)
- With regards to commuting mileage, GG&C do not have parity with third sector organisations and hence struggling with the rational around a proposal for this. (RK)
- Took the SG guidance to board, there was a level of resistance in increasing the volunteers rate. This was due to the word "commute". Volunteers travel to/from place of volunteering but do not "commute". Executive lead is advising we should agree appropriate rate as a group and issue guidance in the absence from anything concrete from SG. Cost of reimbursing travel to/from place from volunteering should replace the word "commute". (SD)
- There is no parity with third sector as third sector do not have agreed amount. (LW)
- 45p rate for volunteers who drive as part of their role covers mileage and car maintenance, but the SG guidance for travel to / from place of volunteering "commute" only makes provision for fuel costs. (RH)
- There are so many people who would not be able to get involved in volunteering if there is no support in travel to/from volunteering place. (MF)

ACTION: TS and JM will meet with some VAB members to discuss recommendations the VAB could make to NHS Boards

AOCB

- Paper VAB-02-3 call for long-term strategic planning for volunteering and not reactive approach seen in times of pressure.
- Papers VAB-02-5 & 5 are template letters / communications drafted following questions from volunteer managers regarding volunteering should industrial action take place in NHSScotland, there is draft communication for volunteer managers and for volunteers. These will not be shared and held in reserve till needed but it is important to be prepared.
- There will be information coming out soon that will be shared regarding Volunteers week.

ACTION: VAB members review papers shared and provide any feedback or comments by Friday 3rd March 2023

Next meeting

16th May 2023 via Microsoft Teams

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