

Minutes of Meeting held on 23 August 2023

Present

Tom Steele (TS)	Chair, Scottish Ambulance Service
Janice Malone (JM)	Programme Manager, Healthcare Improvement Scotland
Alan Stevenson (AS)	CEO, Volunteer Scotland
Craig Hunter (CH)	Head of Strategic Operations & Resilience, Scottish Ambulance
Fiona Zapirain (FZ)	Joint Lead of Volunteering Policy, Scottish Government
Stephanie Johnstone (SJ)	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
Tracey Passway (TP)	Head of Patient Safety, Clinical Governance and Risk Management
Rachel Killick (RK)	Strategic Volunteering Lead, NHSGG&C
Geraldine Lawrie (GL)	Head of Workforce and Development, NHS Grampian
TK Shadakshari (TS)	Lead Chaplain, Strategic Diversity and Spiritual Care, NHS Western Isles
Alison Solley (AS)	Director of AHPs, NHS Dumfries & Galloway

In attendance

Angela Hislop (AH) (Minutes)	Project Officer, Healthcare Improvement Scotland
Tony McGowan (TMcG)	Head of Engagement & Equalities Policy, Community Engagement & System Redesign Directorate, Healthcare Improvement Scotland

Apologies

Sharon Bleakley (SB)	Engagement Programmes Manager, Healthcare Improvement Scotland
Alison Waugh (AW)	Administrative Officer, Healthcare Improvement Scotland
Rachael Honeyman (RH)	Head of Volunteering, NHS Lothian
Jane Christie-Flight (JCF)	Employee Director, Golden Jubilee National Hospital, Vice Chair, Volunteer Forum
Harry Balch (HB)	Volunteering Services Manager, NHS Greater Glasgow & Clyde
Siobhan McIlroy (SM)	Head of Patient Experience, NHS Fife
Pauline Donnelly (PD)	Person Centred Manager, NHS Forth Valley
Sandie Dickson (SD)	Person Centred Improvement Lead, NHS The State Hospitals Board
Louise Ballantyne (LB)	Head of Engagement, Corporate Communications, NHS Grampian
Claire Stevens (CS)	Chief Executive, Voluntary Health Scotland

Welcome and Apologies

TS welcomed everyone to the meeting. Apologies were noted.

Overview (TS):

- Patients awaiting discharge still around the 1800 mark which impacts flow through hospitals and things become difficult; a few years ago, 600 was considered a high number.
- No one could doubt Boards are still under pressure as ambulances still waiting outside hospitals which creates a “knock on” effect all the way through the hospital.
- Winter Planning session was held on 22nd August 2023 by Scottish Government which included for the first time, representatives from Health & Social Care partnerships as well as COSLA. This is the first time a Winter Planning meeting has been held in August as they usually take place in September.
- Flow Navigation Centres in operation by most Boards which is good as this allows calls from patients to be directed to the most appropriate service depending on their needs and diminishes the need to repeat their stories. This good development allows pressure to be taken off Emergency Departments throughout the country.

Matters Arising

Minutes of meeting of 21st February 2023

- Group in agreement previous minute correct.
- Volunteer to Career: JM advised feedback had been given to Helpforce but a mapping exercise had still to take place.
- St Andrews Ambulance: TS advised he had communicated following last meeting.

Volunteers Out of Pocket Expenses Guidance

Overview (SJ):

Shared that a meeting took place on 17th April 2023 to discuss the request to apply a 45p per mile as standard. SG could not agree to this request as it was their view that Boards need to set their own rates using the benchmark and the PIN guidelines.

- Revised wording of the guidance has been made to allow greater Board flexibility, namely the removal of the word “commuting” and changed to “travel to / from a place of volunteering”, and removal of reference to “motor vehicles” and reference only to “fuel” instead.
- Updated draft guidance has been shared with Janice Malone and SG Legal Advisor – no issues with content only language around “should / must” needs amending. Also checking HMRC protocols and HMRC are reviewing draft to ensure complies.
- Timescales estimate of September 2023 subject to guide review from HMRC, requested amendments made and re-sent to SG Legal Advisor. Final sign off by SG Director is required which could be slightly delayed due to change in Director.

Following a discussion TS thanked SJ for progressing and it would be good to get to a position that would allow consistency instead of differences in Boards that we have at present.

Actions: (SJ) – to share the new updated guidance when it has been approved.

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Healthcare Improvement Scotland Community Engagement Strategic Vision and Vision for NHSScotland Volunteering Programme

Overview (TMcG):

Made reference to the [link](#) to the HIS website which includes a three minute video which sums up what changes are taking place and why.

- The directorate needed to refocus efforts and resources.
- HIS Community Engagement dates back to Scottish Health Council pre 2005 which had a remit of keeping public engagement in their work. A large review was undertaken in 2018 with stakeholders, voluntary organisations, patient groups where lots of feedback was received and not all of it was good. Feedback included that SHC's statutory responsibility to ensure the public were engaged in decisions, showed a lack of understanding of pressures on Boards. HIS still has this statutory responsibility to ensure that Boards engage with the public however re-focus on how we can draw on our expertise to enhance planning for patients. Using evidence to engage more effectively, COVID pandemic hit and required adaptation of a lot of ways of working.
- HIS will use a portfolio approach together with regional teams; portfolios are Evidence, Improvement and Assurance.
- Improvement Hub has now been redistributed among three existing directorates with System Redesign teams now part of the Community Engagement directorate
- Key changes for the Volunteering Programme are a new Senior Project Officer role together with the prominence of Volunteering underlined which is a further demonstration of the directorate's commitment to the programme. Programme staff will now have more readily access to social research teams and equality & diversity expertise which will aid the delivery of the new volunteering vision.

JM commented that as programme manager, she was incredibly excited at the new structure changes, a process which has been going on for some time now, and it clearly demonstrated commitment to the programme. JM further advised that access to areas of expertise would allow her to advance plans for volunteering quality improvement work, the new structure posed a positive, strong step forward and the new directorate vision timing was perfect for realigning the volunteer vision at the same time. JM made reference to the re-aligned volunteer vision paper and requested feedback:

- TS commented it was good to have additional staff resource joining the team, that he knew Clare had lead the "Near Me" work which has been very successful. Some engagement with Boards can be difficult but overall supportive of the directorate's changes with alignment to the volunteering strategy.
- TMcG commented the new Community Engagement director, Clare Morrison, had a wealth of experience in quality improvement and would be ensuring public views would be involved. He felt Clare engendered confidence in staff and senior managers were already benefiting from her experience. Clare has expressed a view that the volunteering programme is one of her priorities as well as engaging staff.
- AS commented that with HIS collating wider engagement evidence, could this be shared with others as often asked how do we learn how to bring participations and community

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engagement into our own work? TMcG responded that using a learning system by taking evidence from citizen's panels with over 1000 members which were run two or three times a year was good to collect evidence. Further consideration should also be given on how communities access services with practical access to resources – do less but do it better!

- MM commented that Chris Third in the Grampian region was a great contact within HIS to achieve bigger and deeper engagement and he noted generally how dedicated staff are in highlighting volunteering. TMcG agreed Chris was a great pioneer in the area and would take the feedback to him.
- MF commented that the focus on evidence was great and the injection of additional staff funding to expand equalities work really pleased her.

General discussion had around engagement with other organisations that had taken place where it was key to ensure no duplication of work but emphasis on plugging gaps. TS offered to provide TMcG with a connection to Irene Oldfather at SAS, and noted that at this time of year, pressures begin to ramp up and this is when evidence of the efficacy of volunteering would be useful but volunteering assisting can only take place if done properly. TMcG agreed and advised that trade unions had also taken part in discussions around volunteering as there was a need to ensure volunteering opportunities did not veer into areas of paid work. TMcG further advised that hopefully the restructure would be complete by the end of October 2023 with a key priority of linkage with evidence colleagues. JM advised that we needed to understand how the evidence of volunteering fits and may ask at a later date if some VAB group members want to get involved in a project to help set priorities in this area. TS thanked TMcG for the directorate's support and asked him to feed that back.

Actions: (TMcG) to feedback to Chris Third at HIS his good engagement work in the Grampian region and feedback the group's grateful support of the volunteering programme to Community Engagement Senior Management Team

Improving Engagement Levels with the National Programme

Overview (JM):

With all the change going on, JM decided to take a look at the levels of engagement from staff from NHSScotland boards.

The Volunteer Practitioners Network (VPN) currently has 80 – 90 members but only around 20% of them are engaging with the volunteering team. We need to gain a better understanding of why this is, is it just capacity issues or is there another reason like the decision to expand the network to third sector staff who have volunteers in healthcare settings.

We aim to undertake improvement work to get to know our network members better to gain a better understanding of what they need from us and if required, change the way we work. At present most of the team's time is taken up in delivering network related activities.

TS invited comments from the group:

- RK commented that she felt capacity was a major hurdle for staff to engage more, but her staff did value the work of the team. Staff members had commented to her that broadening

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out the membership beyond NHS Board staff meant some staff felt conversations had at meetings were not as relevant to them as they once were.

- JM advised she would like to dig in to why some staff felt this expansion was a take away rather than an opportunity to broaden experience.
- TP commented that she felt the network sat at Volunteer Manager level as staff below this grade were so busy in managing volunteers and the question we needed to ask was how we could support staff to look to the vision for volunteering and not just focus on interacting with their volunteers.

Action: JM will undertake work to look into engagement with VPN

Managing Risk

Overview (TS):

Risk Registers are a very important tool for reaching objectives. Things can and do get in the way but if a Risk Register is created, which focuses on likelihood and impact, it can be used to drive our Agenda if taken seriously. Likelihood of an event is a judgement call whilst impact could involve patient safety being affected. We would need to consider what our Risk Register would look like and the use of resources to help create.

TS invited comments from the group:

- TMcG commented that when Risk is mentioned, people's eyes tended to "glaze over" but if done right, Risk Registers can drive work forward and collaboration from group members could come up with some drafts.
- TP advised that as she has the word "Risk" in her job title, she completely understood what TMcG meant as she had experienced the same "glazed over" expression from staff. TP advised the best way to think of what a Risk Register might look like was to ask ourselves "what keeps us awake at night" and use of one was opportunity to move forward – TP added she would be happy to help in the creation of one2.
- TS agreed with the comments made and that creation of a Risk Register was a sensible thing to do – all group members agreed.

Action: Group to create draft Risk Register

The Volunteer Charter / Become a Charter Champion

Overview (MM):

The Volunteer Charter has recently undergone a refresh and now has 10 key principles.

Volunteer Scotland liaised with the TUC in it's refresh and the Charter aims to build good practice.

There are over 120 Volunteer Champions which connects to the volunteer action plan and ties in nicely. MM is asking group members to promote the Volunteer Charter and ask people/staff to sign up as Champions. The Charter explains what volunteering is and adds legitimacy to volunteering.

TS invited comments:

- AS advised that following the links and infrastructure, asked himself "can we live up to all these values?" AS is a Charter Champion and advised that a champion can be a person or

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an organisation and acts as an advocate for volunteering by being out talking about the Charter and implementing the 10 key points

- JM commented that it was great to see the Charter being refreshed and we should consider the opportunities to highlight to Boards. JM has added the Charter to the Volunteering Community of Practice Teams Channel but wonders if staff should sign up to the pledge on an individual basis or as a Health Board?
- GL advised that she was delighted to see the Charter refreshed as she felt it needed it and she has shared it around the HR directors in her Board area. Felt that the VAB Chair to ask Boards sign up to as an organisational commitment.
- CH commented that the Charter was needed across the wider organisation and would require action to enforce across the wider organisation. TS offered to assist CH with promotion across SAS.
- MM commented that diverse volunteering is the goal going from small villages to huge charities signing up. We should consider how volunteering impacts in daily life. There is a mixture of third sector bodies taking the pledge. The Charter unifies how huge volunteering is and a workshop is being held in the Grampian area on 4th September 2023.
- TS queried if he should be highlighting the Charter to fellow Chairs at meetings he attends?
- JM advised she thought this a good idea with the Charter having just been refreshed.

**Action: TS to raise with Chairs at meetings he attends
GL to share the refreshed charter with Workforce Directors Group**

Volunteering Management System

Overview (JM):

Back in February 2023 before funds were secured, a discussion with Richard McCallum, SG, took place where he advised that funding would be found and that planning should begin on that basis.

Work on the Business Case has continued and is almost complete, with submission to SG expected 28.08.23.

There is still a lot of work to do for example going through the procurement process, but an outline plan would be for work to commence later this year. Consideration must be given to the data model / data quality to support migration to a new system and the earliest prediction for the first Board to migrate to a new system would be around October 2024.

There will be a need to ask all Board Strategic Leads to support this work and get their teams ready. The old VIS Stakeholder Group which had representatives from all Boards will be re-engaged to support work for the new system.

Discussion:

- TS work progressing well and he has spoken to Richard who will support our request. Funding a new system shows volunteering is being taken more seriously by SG and Health Boards.
- SJ advised that she is meeting with SG colleagues this week to highlight and make everyone aware.

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- TS queried if Workforce were still involved?
- JM advised that yes this was still the case with support from Beverley Lamont.
- GL commented that in her experience, the earlier the data set was known, the better it was but queried if Digital teams would be involved to support staff locally in case something went wrong?
- JM advised a small project board would be created to support this work and aim to include digital in the membership.
- TS advised that the work would be run by IT centrally.
- JM agreed and advised this would cover Digital Security and Information Governance. Had been advised that most “off the shelf” systems are hosted “in the cloud”.
- TS agreed that someone from digital would need to be involved in the project group.
- JM advised she would contact the HIS Digital Lead to enquire.
- AS advised that SCVO managed MILO system and had good commonality with NHS and experience – David McNeil was someone he knew and would pass on his details?
- JM asked AS to make an introduction to David.
- MF commented that she felt migration to a new system would be easier for the 22 NHS Boards as their systems were similar whereas her 30 TSI’s all had different systems and migration would be more difficult in that setting.
- TS commented that he hoped approval for the Business Case would happen soon but the Procurement exercise would be challenging.

Action: (AS) to contact David McNeil at SCVO to arrange an introduction for (JM)

AOCB

(JM) advised that papers for today’s meeting included:

VAB-03 Programme report Q4 2022-23
 VAB-04 Programme report Q1 2023-24
 NHSScotland Volunteering Annual Report 2022-23
 NHSScotland Volunteer Induction Course Evaluation Report 2022-23
 NHS Tayside - Discharge Support Volunteer pilot evaluation 2023

Discussion on the NHS Tayside Discharge Support Volunteer Pilot project:

- JM advised that Paula Speirs from SG was quite interested in the pilot and had contacted her to request what would be required to continue to test the model. JM had then held talks with the NHS Tayside involved in the pilot and it was agreed there was still merit in the concept.
- TP advised that it had been difficult to engage medical staff and engaging with clinicians to identify suitable patients was key. It had been agreed that instead of creating a new role to oversee, it would instead be tagged to current role as it was felt everybody should be involved in discharge of patients not just one person.
- RK queried if discussion of the pilot would take place nationally?
- JM advised that no not at the moment as there was a need to gather further evidence with the usual question being asked around this type of year “what can volunteers do to help during winter?”

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- TS queried if there was a Board currently working on something similar with the Red Cross as he thought he had heard this at another meeting?
- JM advised she was not aware of any Board working on this.
- MF advised she was meeting with Resilience / TSIs and having the usual Winter Pressure conversations. Although a small numbers were involved, it would still save the NHS money and should not be underestimated. We can be too focussed on the numbers rather than the benefit to the small number of patients who benefited. There is a need to continue to collect evidence of the pilot's impact.
- AS agreed advising he felt the value of volunteering and getting people involved is a win situation.
- TS commented that he felt the pilot would come back and the only issue was engagement with clinicians.
- TP commented that if the pilot was put back in place, there was a need for it to be run by the clinicians themselves and not the volunteering team. Clinicians would also need to lead the volunteers. There was still a lot of mileage in the pilot and TP is still working on it in the background.
- TS asked MF if she could look into who the Board was that he heard was working with the Red Cross as he was sure this was happening
- MF agreed to ask around and see if she could find out

JM also advised that Volunteer Scotland were developing a National Volunteer Recruitment Campaign and asked if our Board can / want to get involved as volunteer recruitment is still challenging?

The group agreed JM should get more information on the campaign and circulate for consideration for the next meeting in November 2023.

Actions:

- **MF to enquire if any Board is currently working with the Red Cross on a programme similar to the NHS Tayside Discharge Volunteer Pilot**
- **JM to get more information on the Volunteer Scotland Volunteer Recruitment Campaign and circulate to group before next meeting in November 2023**

Next meeting

21st November 2023 at 10.30am via Microsoft Teams

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