

NHSScotland Volunteering Advisory Board



Minutes of Meeting held on 21 November 2023

Present

Tom Steele (TS)	Chair, Scottish Ambulance Service
Janice Malone (JM)	Programme Manager, Healthcare Improvement Scotland
Alan Stevenson (AS)	CEO, Volunteer Scotland
Mandy Urquhart (MU)	Voluntary Services Manager, NHS Grampian
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, NHS Tayside
Alison Solley (AS)	Director of AHPs, NHS Dumfries & Galloway
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
Claire Stevens (CS)	Chief Executive, Voluntary Health Scotland
David Rodger (DaR)	SAS National Community Resilience Manager

In attendance

Dean Robertson (DR)	Quality Assurance & Risk Facilitator, NHS Tayside
Alison Waugh (AW) (Minutes)	Administrator, Healthcare Improvement Scotland

Apologies

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
Sharon Bleakley (SB)	Engagement Programmes Manager, Healthcare Improvement Scotland
Geraldine Lawrie (GL)	Head of Workforce and Development, NHS Grampian

Welcome and apologies

TS welcomed everyone to the meeting. Apologies were noted.

Overview (TS):

- Winter pressures haven't really started yet, demand is going up a little bit in the ambulance service.
- The level of acute cases as a percentage of overall calls is growing, therefore more pressure on hospitals as these people are likely to be admitted.
- There has been more planning for winter this year than ever before.

Managing risk

Overview (TS):

Risk management is a fundamental principle of good governance and operational management at corporate and operational level. This session has been designed to help us to identify our key strategic risks relating to volunteering.

DR and TP led the group in a collaborative session to identify strategic risks via an online whiteboard.

TP will work with a small group of VAB members and use the outputs from today's session to identify 5 – 10 risks to volunteering in NHS Scotland.

TS commented that we don't want too many risks, top 10 maximum but probably top five, and we will use these to direct discussions at VAB in future.

Actions: JM will set up some time with TP, DR, RH to use the outputs to identify our risks and present this at the next meeting.

VIS hosting (see risk register)

JM referred to the Volunteering Programme risk register and escalation of risks to this group.

Ongoing challenges in engaging NHS Golden Jubilee in work relating to VIS. Issues have been escalated within HIS and NHS Golden Jubilee, but there is a risk to the ongoing delivery of the VIS if these issues cannot be resolved.

TS asked what the impact would be. JM advised that boards would not be able to access the VIS and this would mean that no volunteering activity could take place across NHS Scotland.

Discussion followed on the impact of not being able to access the system, any back up plans and the raising the rating on the risk register.

Also highlighted to Scottish Government to ask for the outcome of the business case for VMS, which was submitted in August 2023. JM read statement from Scottish Government: *We have identified a source of funding and are actively looking to progress this with pace. In order to move this forward we need to follow certain internal processes which we are currently working through. We are very aware of the time pressures and will update Janice / the group as soon as possible.*

Actions: JM will meet with JCF and will upgrade the risk likelihood to 3 and impact to 5.

If necessary JM will escalate to TS – there needs to be assurance that the service will be provided until negotiation.

Strategic vision implementation plan

JM Overview:

Consideration had been given to which of parts are aligned with the new strategic vision. The vision and plan are split into the three distinct pieces of work of Improvement, Evidence and Assurance. It is the planned approach for the next few years and a reframing of work planned already.

JM shared the plan and outlined the areas of priority under the Improvement, Evidence and Assurance.

JM asked NHS boards to encourage their teams to participate in work in the plan that is underway to improve levels of engagement of the Volunteer Practitioner Network and understand the needs of people working in volunteering roles in NHS Scotland.

TS asked if there were any observations or thoughts and added that the plan aligns with what Healthcare Improvement Scotland are doing more widely. He asked if there was engagement of the senior team.

JM advised that this will become easier in coming weeks. The directorate is going through a change process and posts are now being filled. Once the senior team is in place there will be further engagement on how to deliver. Resources will be pulled from other parts of the directorate to help with pieces of work. JM will continue to work with Clare Morrison, Director of Community Engagement & System Redesign.

TS observed that he thought the structure makes sense, aligns with Healthcare Improvement Scotland and relates to risk.

JM added that it helps to prioritise work as they are a small team.

Action: Members to encourage their teams to participate in the semi structured interviews.

Volunteer experience survey report

JM Overview:

The first volunteer experience survey report has been shared with VAB for feedback. Working with five boards a set of questions was developed would be applicable across NHS Scotland. NHS boards own the data and make their own improvement plans, the volunteering programme analysed the entire data set for the report.

There are early discussions underway regarding a similar approach to staff experience and potentially patient experience.

TP commented to be mindful of the national patient experience survey that used to go out, GPs one year, inpatients another year. It used validated questions. Good if our approach used validated questions, it would be more impactful.

Evidence SBAR

JM presented a paper which proposes the creation of a sub group of the VAB which would also involve people with specific expertise in research, evidence and evaluation. The aim is to create a long term plan to develop evidence that demonstrates impact of volunteering on the health and care system.

JM asked for any interest for members of this group.

- AS proposed one of their staff to get involved in the group. Volunteer Scotland are publishing Scottish data from the Time Well Spent UK survey in early December.
- MM commented that research from Volunteer Scotland is amazing. On Volunteer Scotland's website there is research focussed on health. Recent faith and volunteering in older people research showed benefits, connections, health - a good base to build on.
- MF commented it is a good baseline to identify priorities going forward. Recently at the ALLIANCE's Self-Management Awards volunteering was a way of managing long term conditions and as a preventative action for good health and wellbeing throughout the awards. MF suggested that it would be useful to involve someone from the ALLIANCE in the group.
- TS commented that the ambulance service has a big group of volunteers. New Chief Executive Michael Dickson joined in summer and is interested in the scope and importance of what we do in the health system. Initial review of volunteering in the Scottish Ambulance Service to understand issues and challenges.

TS commented that the idea of a sub group sounds like a good one and JM added that it was great to see the level of support and ideas for other people who can get involved.

Actions: JM will follow up offers of people to get involved in a sub group. She will look at pulling a group together when organisational structure and leadership is in place. AS will share Scottish data from the Time Well Spent UK survey when it is published in early December. TS will reconnect JM with Irene Oldfather at the ALLIANCE.

NHS England partnership working

JM Overview:

JM meets regularly with Emma Easton, Deputy Director of Voluntary Partnerships. JM recently met with people in her team who were interested in the content developed for the volunteer induction course and the Best Practice Guide and whether they could take and adapt for their own need. JM agreed and noted that it is a compliment and to credit us as originators of content. Emma reached to Scottish Government for the potential of a strategic partnership between us. They are interested in the Quality Framework approach, education pathway, national approaches to training.

JM is meeting NHS England and Scottish Government on 11 December 2024. This is something this board should be aware of and JM will update members accordingly.

- TS asked why the chief nursing officer. JM advised that they sit within nursing structure within NHS England and thought that is why they were directed to there. The meeting will be with the chief AHP officer. Stephanie Johnstone, NHS policy lead will also attend.
- TS couldn't see any downside to this and commented that in the innovation landscape, engaging with NHS England makes sense.

Action: JM will report back to the Board after December's meeting.

AOB

Changes to advisory board membership

JM advised that Sandie Dickson from the State Hospital has retired. There is no information as yet on the new strategic lead, or if the State Hospital want to continue to be represented.

Pauline Donnelly from NHS Forth Valley has moved on and JM is awaiting a meeting with the new strategic lead and will have a conversation whether they want to continue in their membership.

Harry Balch is back representing Greater Glasgow & Clyde while Rachel Killick is on maternity leave. Lynn Haughey is Rachel's cover. It was hoped Lynn would attend today. Harry or Lynn will attend until September 2024.

TS expressed regret that they couldn't say thank you to Sandie Dickson and that it is important to record thanks to Sandie as she contributed a lot to the group.

NHS Volunteering Out of Pocket Expenses Revised Guidance

HB asked for confirmation that she had understood correctly that it is still up to the Health Board to set the reimbursement rate and that some specifics had been taken

out to give NHS boards more flexibility. JM confirmed that the Scottish Government wouldn't set the rate. There has been changes to some of the wording – travel to / from place of volunteering and reference to claiming mileage isn't only restricted to fuel costs. TS thanked JM and SJ for their efforts in this work.

TP asked if this group was to advise how the guidance would be interpreted. JM replied that they could if it would be helpful, for example, on back of this we would recommend this rate. TP thought it would be helpful and for consistency so boards and partnerships aren't offering different rates.

Action: JM will draft a paper and share for comment.

Close